

Person's evaluation of his or her Coordinated Service and Support Plan (CSSP)

The following sections will be auto-populated using data from the person's last closed CSSP (located in the MnCHOICES Support Plan Application).

- Lead agency: _____ (text box)
- Name of lead agency representative completing this form: _____ (text box)
- Person's first name: _____ (text box)
- Person's last name: _____ (text box)
- Person's PMI: _____ (text box)
- Waiver program:
 - AC
 - BI
 - CAC
 - CADI
 - DD
 - EW
 - Other _____ (text box)

1. Who is responding to these questions? Please check all that apply. *For case manager to complete.*

- Person
- Guardian
- Other representative
- Comments: (optional)

2. Do you know what is in your CSSP?

- Yes
- No, and I want to review it with my case manager.
- No, but I know others refer to it.
- Chose not to answer

3. Are your goals, dreams and priorities updated in your CSSP as often as you want?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Describe the changes (Comment box) _____

4. Do you make decisions about the services and supports that you receive?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

5. Do you decide who attends the meetings about your services and supports?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

6. Are you able to do things you enjoy outside of your home when and with whom you want to? (For example, visit with friends or neighbors, go shopping, go to a movie or a show or out to eat, to religious functions, to volunteer in the community).

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

6a. If response was "Some of the time" or "Rarely" to #6 How can I, your case manager, help you feel more connected to your community?

Comment box: _____

7. Do the supports and services that you receive help to make your life better?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

8. Do the services and supports you receive help you try new activities or continue doing activities that you enjoy?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

8a. If response was "Some of the time" or "Rarely" to #9: How can I, your case manager, help you try and do more things you want?

Comment box: _____

9. Are you currently living where you want to?

- Yes
- No, and I want other options.
- No, and I do not want to move.
- Chose not to answer

10. Are you currently living with the people that you want to?

- Yes
- No, and I want to live with different people.
- No, and I do not want to move.
- Chose not to answer.

11. Do you talk to or see the people that you care about as much as you want to?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

12. Is work currently part of your support plan?

- A. Yes: Work is part of my plan.
- B. No: Work is not part of my plan, but I am interested in working.
- C. No: Work is not part of my plan and I am NOT interested in working. (skip to #24)
- D. Chose not to answer

12a. [If response was "A" to #12]: Do you work where you want to?

- No
- Yes
- Chose not to answer

12b. [If response was "A" to #12 Do you work as many hours as you want to?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

12c. [If response was "A" to #12: Would you like to be able have a job where you could make more money?

- No
- Yes
- Chose not to answer

12d. [If response was "B" to #12]: Have you received any help to do this?

- No: I have not pursued any help yet
- No: I have requested help, but no one has followed up with me.
- Yes: I am working with someone to explore my options, and I am satisfied
- Yes: I am working with someone to explore my options, but I am NOT satisfied.
- Chose not to answer

13. Are the services and supports meeting your needs and expectations?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

14. Do you feel that there are additional services and supports that would help you? Select any additional categories of services and supports that the person identified would help them.

- Personal supports/skills development. Specify: _____
- Health. Specify _____
- Safety supports. Specify _____
- Vocational skills. Specify _____
- Community participation. Specify _____
- Self-directed options. Specify _____
- Housing. Specify _____
- Transportation. Specify _____
- My caregiver/parent. Specify _____
- Other. Specify _____
- No, I don't want additional services. (Programming note: If this response indicator is selected, disable other response indicators)
- Chose not to answer (Programming note: If this response indicator is selected, disable other response indicators)

15. Do you currently receive any services and supports that you no longer need or want?

- No
- Yes
- Chose not to answer

15a. If response was "yes" to #15: What service(s) and/or support(s) do you no longer need or want?

- Text box _____

For the case manager completing this form: Enter any additional comments here:
(comment box)