Self Determination Spending Plan

Regional Center of the East Bay

Self Determination ... by you, Driven by you!

Name: Jenifer Castaneda
Date: 7/1/2021
UCI #: 123456

Your SDP start date. SDP is annual.

Certified Individual Budget	SDP Year	FMS Agency
$ 5,000	9/1/2021-8/31/2022	Choose One

I am choosing the Self Determination Program and understand my responsibility to:

☒ Use an FMS agency
☒ Only use services as defined by the SDP Service List
☒ Exclude supports that are funded by a generic resource.
☒ Only use supports that implement my Self Determi...

Check boxes

Gray= Descriptor of section

	From SDP Service Code List		Describe what the support is (i.e. swimming), ... out math for the year in detail. Include taxes and supplies where applicable	Total cost for the year
	Service Code	**Service Name**	**Support Description, Cost, Duration, Frequency**	**Total Cost**
1.	316	FMS	Choose One, $165 per month x 12 months	$1980
2.	331	Community Integration Support	Swimming, $100 per week x 4 weeks	$400
3.	333	Participant Directed Services	Noise Cancelling Headphones, $100 one time	$100
4.	310	Respite	Susan, $20 per hour x 10 hours per month x 12 months	$2,400
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Spending Plan total cannot exceed Certified Individual Budget

Spending Plan Total: $ 4,880

You can make a change in this Spending Plan. If the change is greater than 10% between categories, another IPP is needed. Add the amount of each service code from each category and indicate the total here. When your change exceeds the indicated amount, prepare to meet for an IPP.

Living Arrangement (code 310-330)	Employment and Community Participation (code 331-355)	Health and Safety (code 356-399)
$ 4,380	$500	$0

Participant agrees to the above guidelines — **SDP Participant Signature:**

Case Manager has reviewed Generic Resources and IPP goals — **Case Manager Signature:**

THIS SAMPLE IS ILLUSTRATIVE ONLY. SERVICES IN YOUR SPENDING PLAN MUST BE RELATED TO SUPPORTING YOUR IPP GOALS.