



Self Determination Spending Plan

Self Determination: Chosen by you, Driven by you!

Name:
Date:
UCI #:

Certified Individual Budget	SDP Year	FMS Agency

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

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

	From SDP Service Code List		Describe what the support is (i.e. swimming), work 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.		FMS		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Spending Plan total cannot exceed Certified Individual Budget **Spending Plan Total:** _____

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)

Participant agrees to the above guidelines

Case Manager has reviewed Generic Resources and IPP goals

SDP Participant Signature: _____

Case Manager Signature: _____