

Personal Preferences	
Person Centered Plan Outcome(s) (addressed in this service from the PC ISP Shared Plan):	
Traits or qualities preferred in those who support the individual:	
For individuals who do not speak:	
This is how I communicate "yes":	
This is how I communicate "no":	
Other information about how I communicate:	
People who support with intimate needs:	
List the people (paid and unpaid) who are acceptable to the individual for intimate supports (such as bathing, personal hygiene, feminine care, lifting/transferring/positioning, dressing, restroom):	
Below are specific preferences when providing supports:	
Supports	Personal preferences/What's important to me:
Lifting/transferring/positioning:	
Eating/meal preparation:	
Bathing/showering:	
Skin care/personal appearance:	
Dressing:	
Restroom:	
Feminine care:	
Home care:	
Money management:	
Community:	
Other: _____	
Comments:	

Completed by: _____ Date completed: _____

ATTACH THIS SUPPLEMENTAL PAGE TO THE DMAS 97 A/B for the DD Waiver

This ISP belongs to: _____ ID# _____ ISP Start: _____ End: _____ Revision: _____