

DEPARTMENT OF DEVELOPMENTAL SERVICES

**TAILORED DAY SERVICES
INDIVIDUALIZED SERVICE DESIGN**

NAME: _____ UCI #: _____

NAME OF PROVIDER: _____ VENDOR #: _____

SERVICE CODE: _____ SUBCODE: TDS

This individualized service design must be determined through the individual program plan (IPP) and developed through a person-centered planning process that reflects and maximizes individual preferences. Provider shall maintain documentation of individual's progress achieving expected outcomes, including any adjustments needed.

Objective(s): (check all that apply)

- ☐ Choose and customize day services to meet individualized needs
- ☐ Development or support of competitive integrated employment
- ☐ Development or support of volunteer activities
- ☐ Pursuit of postsecondary education
- ☐ Establish and support paid internship program opportunities
- ☐ Maximize individual's direction of the service
- ☐ Increase the individual's ability to lead an integrated and inclusive life
- ☐ Other _____

Location(s) of services: (check all that apply)

- ☐ Home
- ☐ Remote communications
- ☐ Program site
- ☐ Employer/volunteer or educational site
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Is TDS to be delivered on the same day as any other day program, look-alike day program, supported employment program, or work activity program?

- ☐ YES, developed Transition Plan*
- ☐ NO

Brief description of **individualized** services and expected **outcomes**:

General description of **individualized** monthly schedule for TDS and other day program, look-alike day program, supported employment program, or work activity program:

SIGNATURE: _____ DATE: _____

SERVICE PROVIDER

SIGNATURE: _____ DATE: _____

REGIONALCENTER

SIGNATURE: _____ DATE: _____

Services to begin immediately, authorization to follow