

FAMILY SERVICES PLAN (FSP)

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m) Wisconsin Statutes).

Consumer Name (Promise Grant Recipient) [REDACTED]	IRIS Case Number [REDACTED]	Print Date [REDACTED]
Case Facilitator [REDACTED]		

CHECK ONE: FSP FSP AMENDMENT

PRIMARY SERVICES	RECIPIENT	START DATE	END DATE	PROVIDERS	WHO PAYS	PAYMENT METHODS
Health Literacy Training worksheets to help our family increase our sleep, nutrition and activity.	Family Member(s)	03/24/2016	09/30/2018	Our DVR Counselor	Wisconsin PROMISE Grant	PRIOR Authorization Purchase Order
[REDACTED] Occupational/Vocational Training to prepare me for employment in a recognized occupation such as Certified Nursing Assistant, fork lift training, computer courses, specialized certificates.	Family Member(s)	03/02/2015	09/30/2018	DVR will support the lowest cost option to meet consumers' IPE needs.	Wisconsin PROMISE Grant/Department of Workforce Development /Division of Vocational Rehabilitation (DVR)	Title IB DVR Purchase Order or PROMISE Grant Purchase Order to in-state public post-secondary institutions for both programs that offer financial aid and for those that do not.
Tablet and Otterbox for [REDACTED]	Consumer	10/10/2015	12/31/2016	T-Mobile	Wisconsin PROMISE	Prior Authorization Purchase Order to T-Mobile.
Financial Capability Building (Make Your Money Talk)/Financial Coaching to help me understand how managing my money allows me to achieve my financial goals.	Family Member(s)	03/02/2015	09/30/2018	Wisconsin Women's Business Initiative Corporation	Wisconsin PROMISE Grant	Purchase Order to WWBIC
[REDACTED]: My Child Can Work! Parent Training (aimed to improve my Parental expectations, knowledge, and my participation in the transition process)	Family Member(s)	03/02/2015	09/30/2018	Wisconsin Board for People with Developmental Disabilities	Wisconsin PROMISE Grant	Purchase Order to WBPDD

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PRIMARY SERVICES	RECIPIENT	START DATE	END DATE	PROVIDERS	WHO PAYS	PAYMENT METHODS
Social Skills Training (Skills to Pay the Bills) to help me learn more about communication skills, demonstrating a positive attitude, being a team player, networking my way to success, problem solving and critical thinking and being professional.	Consumer	03/02/2015	09/30/2018	University of Wisconsin-Stout Vocational Rehabilitation Institute	Wisconsin PROMISE Grant	Purchase Order to SVRI
Self-Advocacy (Online Modules) to help me learn how to speak up for myself, know my personal strengths, challenges, and my rights as a citizen while I make my needs known to others.	Consumer	03/02/2015	09/30/2018	University of Wisconsin-Madison School of Outreach and Partnerships	Wisconsin PROMISE Grant	Purchase Order to UWMS of O&P
[REDACTED] Benefits Analysis to help me find medical benefits while I move from SSDI to employment.	Family Member(s)	03/24/2016	09/30/2018	Employment Resources Incorporated	Wisconsin PROMISE	PRIOR Authorization Purchase Order

SECONDARY SERVICES	RECIPIENT	START DATE	END DATE	PROVIDERS	WHO PAYS	PAYMENT METHODS
[REDACTED]: Transportation Assistance for up to 6 weeks to help me independently get home from work until I transition to my new job as Supervisor.	Family Member(s)	03/30/2016	06/30/2016	[REDACTED]	Wisconsin PROMISE	PRIOR Authorization Purchase Order
Transportation to help me participate in a vocational rehabilitation service, including expenses for training in the use of public transportation vehicles and systems.	Consumer	03/02/2015	09/30/2018	The City of Racine/Driving Assessor/Other	Wisconsin PROMISE Grant	Purchase Order to The City of Racine/Driving Assessor/Other Provider

PROGRESS MEASURES:

- By 12/31/2018, our family will complete all of the above services.

THE FAMILY WILL BE RESPONSIBLE FOR:

- Our family will be responsible for participating in all of the above services.

DVR WILL BE RESPONSIBLE FOR:

Consumer Name (Promise Grant Recipient) [REDACTED]	IRIS Case Number [REDACTED]	Print Date [REDACTED]
Case Facilitator [REDACTED]		

- DVR will be responsible for helping our family pay to participate in all of the above services.

Consumer Name (Promise Grant Recipient) [REDACTED]	IRIS Case Number [REDACTED]	Print Date [REDACTED]
Case Facilitator [REDACTED]		

Signature (Consumer Representative Signature, If Appropriate)	Date Signed 04/05/2016
Counselor Signature	Date Signed 04/05/2016

DVR-17524-E (N. 01/2014)