

**WEST VIRGINIA I/DD WAIVER  
INITIAL INDIVIDUALIZED PROGRAM PLAN  
(Must be completed within seven days of intake)**

Member Name: \_\_\_\_\_ APSID# \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

**Upon eligibility determination (medical, financial and slot allocation) the following goal/objectives will be implemented in order to initiate I/DD Waiver Services (use additional pages as necessary):**

Goal #1: Service Coordinator will provide linkage/referral to facilitate member's access to I/DD Waiver Services.

Objective 1: The Service Coordinator will schedule, coordinate and facilitate the 7-day Person Centered Program Plan and the full IDT meeting to develop the Annual IPP.

Objective 2: \_\_\_\_\_

Objective 3: \_\_\_\_\_

Objective 4: \_\_\_\_\_

Goal #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member Signature/Date

\_\_\_\_\_  
Legal Representative Signature/Date

\_\_\_\_\_  
Service Coordinator Signature/Date

\_\_\_\_\_  
Other/Date