



Community Participation Support Form (CPS)

“Community life with opportunities for new experiences and interests, developing friendships and making a contribution to the community” ~ODP

Date: _____

Client Info:

Name: _____

Phone: _____ Email: _____

Living Situation: Please check one of the following options

___ Family ___ Independent ___ Life Share ___ CLA ___ Supported Independent

If in a CLA, Life share or Supported Independent living, please fill out the following:

Agency _____, Program Supervisor's Name _____,

Phone: _____, Email: _____

Are you currently in a Day Program? Yes No

If yes, what is the name of the day program? _____

Are you currently receiving CPS services? Yes No

If yes, where are you receiving services? _____

How many days a week? _____ How many hours a week? _____

Supports Coordinator:

Name _____ Agency _____

Phone: _____ Email: _____

What is your desired goal(s) for CPS?

ISP Information: Copy and Past sections from ISP (Administrative use only)

Like and Admire

What Makes Sense

Health and Safety

Functional Information

What are your desired community activities?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____