

**FAMILY ADULT DAY SERVICES**  
Individual Service Delivery Plan

**Participant:** \_\_\_\_\_

**License Holder:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Before providing family adult day services, an individual, the individual's caregiver, the legal representative if there is one, the county or private case manager, if applicable, and the license holder shall develop a service delivery plan. At a minimum, the service delivery plan shall include:

**1) A description of the following services to be arranged or provided by the license holder, the frequency of those services and that the services will be based on the needs of the individual (attach additional sheets/medical information if needed). Refer to Minnesota Statutes, section 245A.143, subd. 7, 8 & 9 for requirements:**

**Health Services:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nutritional Services:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Services:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Scheduled days and hours of participant's attendance at FADS program:**

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**3) Transportation arrangements for getting the participant to and from the FADS program:**

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**4) Contingency plans if scheduled services cannot be provided by the license holder:**

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**5) Identification of responsibilities of the participant and the license holder with respect to payment for the services:**

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**6) Circumstances when emergency services will be called:**

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**7) Identification of the license holder's discharge policy when services are no longer needed or when the participant's needs can no longer be met by the license holder:**

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*Pursuant to Minnesota Statutes, section 245A.143, subd. 6, the service plan must be coordinated with other plans of services for the participant, as appropriate and the service plan must be dated and revised **when there is a change in the needs of the participant or annually**, whichever occurs sooner.*

**SIGNATURES**

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Participant's Legal Representative (if applicable) Date

\_\_\_\_\_  
License Holder Date

\_\_\_\_\_  
Case Manager Date

\_\_\_\_\_  
Caregiver (if applicable) Date