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| SINGLE DATED SIGNATURE PAGE |
| Name:  |
| Date: Today’s support team meeting was a/an:

|  |  |  |
| --- | --- | --- |
| [ ]  Intake meeting | [ ]  30-day meeting (for ICFs/DD) | [ ]  45-day service or 60-day calendar meeting (for 245D Intensive support) |
| [ ]  60-day meeting (for 245D Basic support) | [ ]  Quarterly progress report review meeting | [ ]  Semi-annual progress report review meeting |
| [ ]  Annual meeting | [ ]  Special support team meeting | [ ]  Other:       |

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| Today, as support team members, we reviewed the following documents:

|  |  |  |
| --- | --- | --- |
| [ ]  Self-Management Assessment (SMA) | [ ]  Individual Abuse Prevention Plan (IAPP) | [ ]  Support Plan Addendum |
| [ ]  Service Outcomes and Behavior Outcome (if applicable) | [ ]  Progress Report with Recommendations | [ ]  Meeting Minutes with Attendance Notes |
| [ ]  Other:       | [ ]  Other:       | [ ]  Other:       |

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| **Acknowledgement:**By having my dated signature on this form, I am indicating that I have reviewed and approved the documents listed above that have a checkmark in the box. With my dated signature, I am also acknowledging and agreeing to the changes that are contained within these documents with my approval for implementation.  |
| **Please note:**Per MN Statutes, section 245D.071, subdivision 4, (c), within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and the addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative and case manager to document completion and approval. Per MN Statutes, section 245D.071, subdivision 4, (c); and subdivision 5, (c); if within 10 working days of this submission, the person served and/or legal representative or case manager has not signed and returned to the license holder the assessment and *Support Plan Addendum* or has not proposed written modification to its submission, the submission is deemed approved and in effect. It will remain in effect until the next annual month or until the person served and/or legal representative or case manager submits a written request to revise them. |
| **SIGNATURE PAGE**

| **PRINTED NAME** | **SIGNATURES** | **DATE** |
| --- | --- | --- |
| Person served: | Person served: | Date: |
| Legal representative: | Legal representative: | Date: |
| Case manager: | Case manager: | Date: |
| Licensed provider: | Licensed provider: | Date: |
| Licensed provider: | Licensed provider: | Date: |
| Other support team member: | Other support team member: | Date: |
| Other support team member: | Other support team member: | Date: |

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