



# Anoka County COMMUNITY SUPPORT PLAN ADDITION/ADDENDUM

Participant Name Henry Hope

Plan Start Date 3/1/2019

Plan End Date 2/29/2020

PMI 99293876

Case Manager Casey Casemanager

DOB 10/9/2007

| Item/Service Requested<br><i>Be Specific</i>  | Goal<br><i>What goal is this item/service helping achieve as related to the participant's disability needs??</i>  | Action Plan<br><i>How will this item/service be used to reach the goal?</i>  | Measurability<br><i>How will the progress towards the goal be measured?</i>  |
|---|---|--|--|
| Autobrush Toothbrush <input type="checkbox"/> | See Goal #2.  | Henry's dad will purchase the autobrush. This device will help him be independent as it is designed to brush all teeth at once, with bristles that cater to your teeth so every spot is covered. This means faster brushing time, and bristles that are powerful and effective, removing harmful bacteria. | Henry will be able to brush his teeth independently 100% of the time once he learns how to use the device.   |
|   | <p><b>Cost</b></p> <p><i>Include cost and units, if applicable</i></p> <p>\$100 plus tax and shipping = \$125</p> | <p><b>Expense Category</b></p> <p><i>To what section of the budget will this cost be added?</i></p> <p>Environmental Modifications</p>   | <p><b>Allocation</b></p> <p><i>From what section of the budget will this cost be offset? Be specific.</i></p> <p>Replacement Clothing will be decreased to from \$900 to <del>\$775</del> by \$125</p> |
| + Add Row                                     | - Delete Row  |  |  |

Qualifications/Training (if applicable): N/A

I am requesting the above change to my Community Support Plan (A handwritten or typed signature constitutes an original signature for the purposes of this program

Homer Hope ●  
Signature

1/3/2019  
Date

Completed By: Ida Support (Support Planner)

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**Waiver Advisory Committee (Upon Approval, Submit copy to both FMS and Support Planner (if applicable))**

Review Date

Reviewed By:

Approved  Denied  Pended

Comments

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