



Individual Support Agreement COVID-19 Change Form

Name: _____ Date: _____

Names of all involved in the planning discussion: _____

Date of planning meeting to discuss the change: _____

Effective date of change: _____ Agency: _____

Due date: This form must be filled out and sent to each individual and their guardian by June 15, 2020.

Part 1 – ISA, COVID-19 Change Form

1. Please describe the change, specifically:

What are the changes in funded service areas? Please describe the changes made by service type and expected frequency (i.e. daily, weekly, monthly, range of expected hours). Common examples include reduction, temporary suspension and/or conversion of respite, community supports, and employment supports into service coordination and home supports. Example of expected documentation-

“John’s respite was suspended, and community support hours are being reduced due to the COVID emergency. Rather than 15 hours of in person supports, John will be receiving 4-6 hours of remote support via telehealth. His case manager will increase contact with John, the home provider and team during the emergency.”

