

Client:	Suite:	Move-in Date:
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## Assisted Living Provider Personal Service Plan Cover Sheet (Template) (attach to the Personal Service Plan)

I, \_\_\_\_\_, acknowledge that I have talked about my care plan with my Assisted Living Clinician and the Assisted Living Provider.

I agree to my Personal Service Plan dated \_\_\_\_\_.

I am aware that I will talk to my AL Clinician and AL Provider about any changes to my Personal Service Plan. If I have any questions, I can contact my Assisted Living Clinician or my Assisted Living Provider.

Client/Representative Name	Client/Representative Signature	Date

AL Provider Representative Name	AL Provider Representative Signature	Date

**Record of Service Changes:**

Date e.g. Jan 1, 2020	Services Updated Until Next Assessment e.g. add 1 extra shower private pay	Client's Initial	Follow-up Date

**Instructions for Use:** The Personal Service Plan is developed by the Assisted Living Provider within 30 days of moving in. During the initial development of the Personal Service Plan and at regular intervals, the client may sign this cover sheet to acknowledge the agreed upon services. The AL Provider gives a copy of the cover sheet and the Personal Service Plan to the client. Any ongoing service changes are written in the *Record of Service Changes* section, initialed by client, and a copy of the updated cover sheet given to the client until the next assessment or quarterly review.

For internal use:			
<input type="checkbox"/> Copy of cover sheet provided to client/representative	Date: _____	<input type="checkbox"/> Copy of cover sheet provided to AL Clinician	Date: _____
<input type="checkbox"/> Copy of Personal Service Plan provided to client/representative	Date: _____	<input type="checkbox"/> Copy of Personal Service Plan provided to AL Clinician	Date: _____