

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
RESIDENTIAL HABILITATION CENTER (RHC)  
**Individual Habilitation Plan (IHP)**

DATE OF PREVIOUS IHP
DATE OF MEETING

LEGAL NAME	PREFERRED NAME(S)	
CURRENT HOME	DATE OF BIRTH	DSHS NUMBER
GUARDIAN'S NAME	HABILITATION PLAN ADMINISTRATOR (HPA)'S NAME	

Picture

**Special Instructions / Alerts:**

- Level of supervision

- Diet

- Allergies

**Preferences / Needs:**

Likes:

Dislikes:

Prioritized needs:

**Health / Nutrition:**

**Communication:**

Receptive

Expressive

Sight / auditory

**Adaptive Equipment / Restrictive Devices:**

**Behavioral / Psychological:**

**Social / Sexual:**

**Personal Self-Care:**

To include, but not limited to: toilet training; personal hygiene; dental hygiene; self-feeding; bathing; dressing; grooming

**Money Management:**

**Vocational:**

**Capability of Self-Administration of Medication:**

**Medical / Dental Sedation Plan and Reduction Plan:**

**Rights:**

**Synopsis of the Past Year:**

**IHP Discussion for the upcoming year:**

**Long Range Goals:**

**CURRENT TRAINING PLAN:**

**RHC Discharge Plan / Community Supports:**

SIGNATURE OF HPA

DATE

