

RESTORING HOPE, LLC
Confirmation of Individual Support Plan (ISP) Review

Consumer Name (First, MI, Last): _____
DOB: _____ DMH#: _____

Please begin a new Review Signature page when the new/revised ISP becomes effective. Signature pages should stay with the corresponding ISP when replaced and filed with permanent records.

*I acknowledge by signing below, that I, as Restoring Hope, LLC personnel and/or contracted employee or support staff, have reviewed the above consumer's Individual Support Plan (ISP) and corresponding addendum(s) and I fully understand its contents when providing service(s) or support(s) for the consumer. Additionally, I understand that the ISP is a contract between Restoring Hope, LLC, the consumer's guardian and the Department of Mental Health and will provide services in a manner consistent with the ISP. If there is content that is unclear to me that affects the way services are rendered, I will contact the assigned Program Manager for clarification as soon as possible.

* _____ Printed Name/Signature	_____ Plan/Addendum Date	_____ Signature Date
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