

**EMPLOYMENT/DAY SERVICES**  
**Amendment to Plan of Service**

**Date of Amendment:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Reason for Amendment: Check all applicable items.**

- change of address / contact information.**
- change in Critical information / Supervision/ Medical information.**
- change in Behavior Support.**
- change in Authorized Service.**
- discontinuing goal:**  
    **Give reason: (met goal, consumer request, etc.)**\_\_\_\_\_.
- change in objective / intervention.**
- change in method / strategy.**
- new goal.**
- change in projected completion date.**

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**The plan will be amended as follows:**

**Name/Title of Person Completing this section:** \_\_\_\_\_

## **EMPLOYMENT/DAY PLAN AMENDMENT INSTRUCTIONS**

**Purpose:** This form is to be used to document changes to the current annual Employment/Day Services Plan.

**Date of Amendment:** Effective date of changes to the Plan of Service.

**Name:** Print person's full name. Use alternate name in parenthesis if it is the consumer's preference.

**Date of Birth:** Month/Day/Year

**Reason for Amendment:** Place an **X** beside item that best describes the nature of the change(s).

**The Plan Will Be Amended as Follows:** Describe, in detail, the change(s) being made. This section must be specific enough for the reader to understand exactly what is being changed. General statements like "discontinue work goal" or "add Day Activity goal/objective" alone are not specific enough. If adding a goal, the goal must be specified along with the objective/intervention, the method/strategy, and the projected completion date.

**Name/Title of Person Completing This Section:** Signature and Title of staff person completing the amendment.