



# Connecticut DDS Transformational System Plan

## Transition Plan Template: Form B2 – Additional Day Settings

Provider Information ..... 1

Form A2. Additional Residential Settings..... 1

    Section 1. Setting Details ..... 2

### Provider Information

All items in this section are required.

1. Agency Name:
  
2. Primary Region (select one):
  - a. North
  - b. South
  - c. West
  
3. Contact Information:
  - a. Name:
  
  - b. Role:
  
  - c. Email:
  
  - d. Phone Number:

### Form A2. Additional Residential Settings

This Part is intended for use with Part B Day and Employment. If the transition plan only includes one current day setting, just use Part B. If the plan includes transitions from more than one day setting to more individualized, community-focused supports, please provide information about the settings in the table below. The reference number is only for the purpose of the Transition Plan.



Section 1. Setting Details

Reference Number	Current supports to change (select all that apply)	Program name and address	# of people currently supported in the program?	# of people anticipated will transition?
1	<input type="checkbox"/> Group Day Supports <input type="checkbox"/> IDS <input type="checkbox"/> GSE <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Transitional Employment Services <input type="checkbox"/> Customized Employment Supports <input type="checkbox"/> ISE <input type="checkbox"/> Other (please describe)			
2	<input type="checkbox"/> Group Day Supports <input type="checkbox"/> IDS <input type="checkbox"/> GSE <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Transitional Employment Services <input type="checkbox"/> Customized Employment Supports <input type="checkbox"/> ISE <input type="checkbox"/> Other (please describe)			
3	<input type="checkbox"/> Group Day Supports <input type="checkbox"/> IDS <input type="checkbox"/> GSE <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Transitional Employment Services <input type="checkbox"/> Customized Employment Supports <input type="checkbox"/> ISE <input type="checkbox"/> Other (please describe)			



Reference Number	Current supports to change (select all that apply)	Program name and address	# of people currently supported in the program?	# of people anticipated will transition?
4	<input type="checkbox"/> Group Day Supports <input type="checkbox"/> IDS <input type="checkbox"/> GSE <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Transitional Employment Services <input type="checkbox"/> Customized Employment Supports <input type="checkbox"/> ISE <input type="checkbox"/> Other (please describe)			
5	<input type="checkbox"/> Group Day Supports <input type="checkbox"/> IDS <input type="checkbox"/> GSE <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Transitional Employment Services <input type="checkbox"/> Customized Employment Supports <input type="checkbox"/> ISE <input type="checkbox"/> Other (please describe)			

**Note:** If you require space for more programs, please complete additional copies of this form.

For Regional Review Only

**Meets requirements:** For each, selected a provided option in the first column and provides context in remaining columns.

Meets requirements

Needs revision

Reviewer notes: