EXHIBIT 17



Individual Plan Of Service Cover Sheet

Name	MRN		D-4 5 D: 45	1500 55
Micah Fialka-Feldman	007675	5	Date of Birth 09/20/1984	IPOS Effective Date 01/18/2007
Address 10474 LaSalle Blvd., Huntington Woods, MI, 48070		Phone 2485464870	County Of F Oakland	Residence
Medicaid ID 000089035889		Coverage Plan ID		
Type Of Residence		C.O.F.R. ID 704105	· · · · · · · · · · · · · · · · · · ·	
County Of Financial Responsibility Oakland		Level Of Care		
EMERGENCY	CONTACT	INFORMATION		
Emergency Contact Name Janice Fialka	Relationship Mother	,	en e	
Home Phone	Work Phone	e .		
Address Same as above	City		State	Zip

Assigned Supports Coordinator
Kim Dembrosky LBSW, QMRP



Person Centered Plan

NAME		MRN	DATE OF BIRTH	SSN
Micah Fialka-Feldman		007675	09/20/1984	***-**-0070
			PHONE	
10474 LaSalle Blvd., Hur	itington Woods, MI, 480	70	(248) 546 - 48	70
	,	PERSON CENTERED PLAN		
POS EFFECTIVE DATE	PCP TYPE		IPOS EXPIRATION DATE	
01/18/2007	Full		01/17/2008	

SUMMARY

Amendment to IPOS held on 12/6/07:

This Worker facilitated Micah's Individual Plan of Service meeting today at Oakland University. Micah chose to invite many of his friends, teachers, support staff, administrators and family to assist with planning and development of goals for the coming year. Some of those in attendance were: Mr. & Mrs. Feldman (parents), Sharon Berke (Berkley Schools), Amanda and Rai (CLS and Respite Staff), Bob Wiggins (Associate Dean-Oakland University), JeanAnn Miller(Student Services), Sandi Llahan (friend), Nicole (peer tutor/friend) and Dorothy Maclean (MORC Vocational dept.)

Micah's primary goals for the coming year focus on continuing education at Oakland university, obtaining campus housing, developing a small business plan to address paid presentations and obtaining paid employment in the community and on campus.

Micah is a very driven and inspirational young man who has developed strong relationships with many people in his community. Micah gives presentations all over the country and educates others on inclusion and disability rights and advocacy. Micah has recently added a documentary about his inclusion experiences to his repetoire and the film will be seen by over a hundred people at an upcoming showing at Berkley High school. Micah has also added the documentary to his power point presentation, so that it can be seen by educators and advocates across the country.

Outline for Goals 2007/2008:

Immediate:

Continue MORC CLS and Respite Supports for community/social activities, cooking and improving reading skills

Employment:

Obtain both paid/unpaid employment to increase work experience:

Explore/apply for Clerical/advocate position with MORC/CMH

Contact camp Coordinator to request paid position for Micah as Camp Counselor at Camp tamarack Meet with MRS to discuss Obtaining assistance with organizing and implementing paid presentations Housing:

Oakland University will discuss housing development strategies with other schools who have successfully served students with disabilities (Wright state)

Micah will have an opportunity to use per diem respite to spend a few nights with an O.U. student in a dorm to "experience independent living".

O.U. will Determine supports needed for Micah to live on campus w/a roommate by Sept. 2007. Education:

O.U. committee will explore registration options for students with disabilities (guest student=continuing education registered student) to increase access to campus housing and services.

Near-Term (within 3 mos.)

Employment:

MRS support for Job Coaching to assist with paid presentations Paid assistant position with O.U. Professor 1-2 days per week

NAME ·	P	MRN	DAT	TE OF BIRTH	SSN
Micah Fialka-Feldman		007675	0	9/20/1984	***-**-0070
ADDRESS		****	PHO	ONE	
10474 LaSalle Blvd., Hur	ntington Woods, MI, 48070		1 (2	248) 546 - 48 ⁻	70
POS EFFECTIVE DATE	PCP TYPE			IRATION DATE	. •
01/18/2007	Full		1	7/2008	

S.C. to explore part time clerical/advocate position with MORC/CMH

Education:

Micah will tour available campus housing options

Micah will use per diem respite to spend nights with a fellow O.U. student in the dorms

O.U. will develop a plan for Micah's access to campus housing

Mid Term-6 mos

Education:

O.U. will implement plan for Micah's student registration

S.C. and Micah will explore/interview students as potential roommates on campus.

Employment:

Paid job at Camp tamarack for summer 2007

Internship/paid employment with MORC/CMH (clerical/advocacy)

Long Term- 1 year and Beyond:

Development of larger presentations on a variety of topics

A career that involves public speaking, politics/advocacy

Increased connections to community/expand circle of supports

Live independently in dorm or apartment with a roommate/friend

PEOPLE WHO ATTENDED THIS MEETING

Mr. & Mrs. Feldman (parents), Sharon Berke (Berkley Schools)

Amanda and Rai (CLS and Respite Staff), Bob Wiggins (Associate Dean-Oakland University), JeanAnn Miller(Student Services), Sandi Llahan (friend), Nicole (peer tutor) and Dorothy Maclean(MORC)

OTHERS WHO CONTRIBUTED TO THE DEVELOPMENT OF THIS PERSON CENTERED PLAN

SUPPORT COORDINATOR / CASEMANAGER

Kim Dembrosky

•			
_Micah Fialka-Feldman	irn 007675	09/20/1984	ssn ***-**-0070
ADDRESS 10474 LaSalle Blvd., Huntington Woods, MI, 48070		PHONE (248) 546 -	4870
IPOS EFFECTIVE DATE 01/18/2007 POP TYPE		IPOS EXPIRATION DATE	
	S AND OBJECTIVES	01/17/2008	
Developing a Small Business Plan to Support my Public	GOAL #1 Speaking Career		
01/18/2007 N		CONTINUED DATE	
PURPOSE	D (1 · 1)		
☐ Independence ☐ Community Inclusion and	Participation	☑ Productivity	
Immediate: A vocational development meeting will be held with all so "small business plan" to support Micah's public speaking Short Term: A plan will be developed to provide Micah with a Job Co and facilitating presentation(within 90 days). Mid-Term: Job Coach will assess Micah's ability to orgnaize and fact be developed to address amount of support needed over Long Term: Micah will be able to organize and facilitate paid public server whom	engagements within 30 of each who can assist him w cilitate presentations inde r the coming year.	days. ith organizing, m pendently and a q	arketing goal will
MRS King and Associates MORC Micah			
Immediate-30days Short term-90 days Mid-Term 6mos-1 year Long Term: 1 year+ DBSTACLES			
MONITOR / REVIEW NOTES This Goal will be monitored on a monthly basis and reviewed in the Periodic Review.	ву wном Supports Coordinat		onthly

•					
NAME		MRN	DATE OF B	RTH	SSN
Micah Fialka-Feldman ADDRESS		007675	09/20/	1984	***-**-0070
10474 LaSalle Blvd., Hu	ntington Woods, MI, 48070	!	PHONE	-40 407	^
IPOS EFFECTIVE DATE	PCP TYPE		POS EXPIRATION	546 - 487	0
01/18/2007	Full		01/17/200		
		GOAL #2			
Gain Community Work E	Experience by Obtaining Pa		mont		
	GOAL MET ON	DISCONTINUED			
01/18/2007		No	DISCONTINUED DATE		•
PURPOSE					
□ Independence	□ Community Inclusion	and Participation	☑ Producti	vitv	•
IMPLEMENTATION PLAN		•			
Immediate:					
Micah will begin working	as a Classroom Assistant	at Oakland University	1-2 days per week	within 30	davs
			• •		
Short Term:	•	•			
S.C. will assist Micah in	applying for a part time pos	ition (1-2 days per we	ek) with a local soci	al service	
agency providing cierical	and/or advocacy services	within 60 davs			
S.C. will contact Camp T	amarac Coordinator to disc	cuss the possibility of	Micah becoming a r	aid Cam	n
Counselor for the summe	er 2007 season.	, ,	g	raid odini	۲
Long Term:					
Micah will gain valuable v	work experience and develo	op skills and relations	hips that will further	his career	r in
public speaking/advocac	y.	•			
BY WHOM					
MORC					
O.U.					
Micah					
BY WHEN					
Immediate-3mos					
Short term-6 mos					
Long term 1 year+					
OBSTACLES					
MONITOR / DEVIEW NO TO					
MONITOR / REVIEW NOTES This God will be manifed		BY WHOM		BY WHEN	
This Goal will be monitore	on a monthly basis and	Supports 0	Coordinator	Monthl	у
reviewed in the Periodic F	Review.			1	

v					
NAME	MRN		DATE OF BIRT	TH T	SSN
Micah Fialka-Feldman	00	7675	09/20/19	. 1	***-**-0070
ADDRESS			PHONE		
10474 LaSalle Blvd., Huntington Woods, MI, 48070)		(248) 54	16 - 4870)
_01/18/2007 Full			1POS EXPIRATION D. 01/17/2008	ATE	
	(100 to 100 to 1		01/1//2000		
Continue my Education at Oakland University	GO	AL #3			
GOAL DATE GOAL MET ON	DISCONT	INUED DIS	CONTINUED DATE		
01/18/2007	No		S S S S S S S S S S S S S S S S S S S		
PURPOSE ☑ Independence □ Community Inclusion IMPLEMENTATION PLAN	and Par	ticipation	□ Productivit	ty	
Immediate: (3 mos) O.U. committee will explore registration options for I a continuing education "registered" student) to provi services within 3 mos.	Micah (r ide incre	eplacing guest studer ased access to camp	nt status with e us housing, s	enrolime upports	nt as and
Short Term: (3-6 mos) O.U. will implement plan for Micah's student registra Mid Term: (6 mos-1 year)	ation wit	hin 6 mos.			
Micah will be entitled to all Oakland University services whom	ces prov	ided to registered stud	dents.		
Oakland University Micah	-				
Immediate-3mos Short term-3-6 mos Mid Term-6 mos-1 year					
O.U. does not currently have a policy allowing student students. Micah is considered a "guest student" whavailable to other students attending the university.	nts with iich limit	cognitive disabilities to service	o become "reg es and suppor	gistered rts	
This Goal will be monitored on a monthly basis and reviewed in the Periodic Review.		ву wном Supports Coordina	tor	BY WHEN Monthly	/

NAME		MRN	DATE OF BIRT	TOON
Micah Fialka-Feldman		007675	09/20/19	00
ADDRESS			PHONE	904
10474 LaSalle Blvd., Huntington V	Voods, MI, 48070		(248) 54	l6 - 4870
IPOS EFFECTIVE DATE	PCP TYPE	j.	IPOS EXPIRATION D	
01/18/2007	Full		01/17/2008	
		GOAL#4		MS\$2006a.com.com.com.com.com.com.com.com.com.com
Continue Respite Services				
GOAL DATE GOAL MET ON		DISCONTINUED		
01/18/2007		No	DISCONTINUED DATE	•
PURPOSE				
☑ Independence ☐ Con	nmunity Inclusion	and Participation	□ Productivi	hy
MPLEMENTATION PLAN	•			.y
Micah will continue to receive 12 h	ours per week of	respite to provide a hi	reak for his family	
Micah will receive 14 per diem day	s per vear which	can be used to assist	with out of town and	
overnight stays on campus, vacati	ons etc	can be used to assist	with out of town pres	entations,
Y WHOM				
MORC				
Micah				
Family				
Y WHEN				
1/07-1/08				
DBSTACLES				
OBSTACLES				
IONITOR / REVIEW NOTES		L DV MALOM		
ionitor / review notes This Goal will be monitored on a m	onthly basis and	ву wном Supports C	Coordinator	BY WHEN Monthly

NAME Misch Fielks Feldman	MRN	DATE OF BIR	
Micah Fialka-Feldman	007675	09/20/1	984 ***-**-0070
10474 LaSalle Blvd., Huntington Woods, MI, 48070			46 - 4870
IPOS EFFECTIVE DATE PCP TYPE		IPOS EXPIRATION E	
01/18/2007 Full		01/17/2008	• • • • • • • • • • • • • • • • • • • •
	GOAL #5		
Live in an Apartment on Campus	and the second s		
	ISCONTINUED	DISCONTINUED DATE	
	No		
PURPOSE ☑ Independence □ Community Inclusion and	4D - C - C		
☑ Independence ☐ Community Inclusion and	a Participation	□ Productivi	ty
Immediate-3 mos.			
Oakland University will discuss housing development s	trategies with other	aabaala udaa bassa -	
served students with disabilities (i.e. Wright state)	di ategles with other	schools who have s	uccessfully
Micah will have an opportunity to use per diem respite	to spend a few nigh	ts with an ∩ II stud	ent in a darm
to "experience independent living".	to opona a for mgm	.5 With an O.O. Studi	SIR III a UUIIII
Micah will tour available campus housing options			
Short Term: (3-6 mos)			
O.U. committee will explore registration options for stud	dents with disabilitie	s (guest student=co	ntinuing
education registered student) to increase access to car	npus housing and s	ervices.	-
O.U. will develop a plan for Micah's access to campus	housing		
Mid Term: 6 mos+			
O.U. will Determine supports needed for Micah to live o	on campus w/a room	mate by Sept. 2007	•
S.C. and Micah will explore/interview students as poter	iliai roommates on c	ampus	
Long Term (1 year)			
Live independently in dorm or apartment with a roomma	ate/friend	•	
ВУ WHOM	acomicina —		
BY WHEN			
Immediate-3 mos			
Short Term-3-6 mos			
Mid term-6 mos +			
Long Term 1 year			
OBSTACLES October 1 Initiation in the state of the state			
Oakland University needs to develop a policy to allow N	licah to enroll as a "	registered student" I	pefore he
will be able to access campus housing services/support			
This Goal will be monitored on a monthly basis and	BY WHOM	- mali 4	BY WHEN
reviewed in the Periodic Review.	Supports Co	ordinator	Monthly
The state of the s			

NAME				
Micah Fialka-Feldman		MRN 007675	DATE OF BII 09/20/	1
ADDRESS 10474 LaSalle Blvd., Hunti	naton Woods MI 49070		PHONE	
INOS ELLECTIVE DATE	PCP TYPE		(248) 5 IPOS EXPIRATION	546 - 4870
01/18/2007	Full		01/17/2008	3
Increase Indopondence in		GOAL #6		
Increase Independence in GOAL DATE GOAL	my Community and at Ho	DISCONTINUED		
01/18/2007		No	DISCONTINUED DATE	
PURPOSE ☑ Independence	□ Community Inclusion a	and Participation	□ Productiv	.itv
IMPLEMENTATION PLAN			□ Productiv	
Micah will continue to receindependent living skills.	ve 8 hours per week of C	LS Staffing to assis	t with community activ	rities and
was portable inting ording.				
Community:				
a) Micah will participate in a	it least 2 campus/commu	nity activity of his cl	noosing each week (le	ectures
concerts, sporting events, e	tc)		3	
b) Staff will document activity	ty chosen each week.			
Reading: a) Staff will continue to work	with Minch O barre			
a) Staff will continue to work in weekly O.U. Reading Lab	. with Mican 2 nours per t	week on reinforcing	and improving reading	g skills learned
b) Staff will document mater	ials used and progress w	reekly.		
		,		
Cooking: a) Staff will work with Misch	2 haven			
a) Staff will work with Micah b) Micah will choose a meal	2 nours per week on incr	reasing cooking skil	ls at home by preparin	ig basic meals.
 b) Micah will choose a meal of grocery items needed. 	ne would like to prepare	for nimself or his ta	mily each week and co	omplete a list
c) Staff will assist with shopp	oing for required ingredier	nts and guide Micah	through reading	
instructions/recipes for prepare	aration.		_	
d) Staff will emphasize kitche	en safety precautions whe	en using the estove	oven and supervise a	it all times
when cooking.				
e) Staff will document meal c	anoscii, ievei oi assistano	e needed and prog	ress weekly.	
Long Term:			·	
Micah will be able to prepare	basic meals with minima	al assistance within	1 year.	
r wном CLS Staff				
Micah				
WHEN				
1/07-1/08				
STACLES				
ONITOR / REVIEW NOTES		BY WHOM		
his Goal will be monitored o	n a monthly basis and	i	Coordinator	Monthly
eviewed in the Periodic Revi	ew.			1 WORKING

Missh Fielks Foldman	MRN		DATE OF BIRTH	SSN
Micah Fialka-Feldman	007675		09/20/1984	***-**-0070
10474 LaSalle Blvd., Huntington W	oods, MI, 48070		PHONE (248) 546 - 487	70
POS EFFECTIVE DATE 01/18/2007	PCP TYPE Full	1	XPIRATION DATE	
3 W (0) 200.	CRISIS PREVENTION AND RESPON		17/2008	
RISIS PLAN DATE	ONSIGNATION AND RESPON	SE PLAN		
03/10/2009				
	EMERGENCY CONTACT INFORM	ATION		
NAME	RELATIONSHIP	TELEPI	ONE NUMBERS	RELEASE OBTAINED
	Primary Care Physician			Ø
	Psychiatrist, if applicable			
Oakland County COFR Only	MORC 24 hour On-Call	1-800-612-		N/A
- aa.ia obaniy ooi it oniy	Common Ground Sanctuary	248-456-1	991	N/A
	Poison Control	900 764 7	261	
	Police and EMS	911	JU I	N/A
	Guardian, if applicable	311		N/A
	Preferred friend			
Mr. & Mrs. Feldman	Preferred family member	On File		
Kim M. Dembrosky	MORC Supports	248 276 80	93	<u> </u>
	Coordinator			
YCHOTROPIC MEDICATIONS				
YCHOTROPIC MEDICATIONS N/A		N/A		
N/A BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES,	L CHALLENGES / CONCERNS / CRISIS SI CONCERNS OR CRISIS SITUATION DESCRIPTIONS?	N/A	4	
V/A BEHAVIORA	CONCERNS OR CRISIS SITUATION DESCRIPTIONS?	N//	RIPTIONS S RESPONSIBLE	
BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, Yes No HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI No behavioral challenges. CONSUMER	CONCERNS OR CRISIS SITUATION DESCRIPTIONS?	TUATION DESC WHO I N/A	RIPTIONS S RESPONSIBLE	
BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, Yes No HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI TO behavioral challenges. CONSUMER BEHA	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IF	TUATION DESC WHO I N/A	RIPTIONS S RESPONSIBLE	
BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, TYES NO HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI NO behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IF	TUATION DESC WHO I N/A F/WHEN EXPERI	RIPTIONS S RESPONSIBLE A ENCING IS	
BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, TYPES NO HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI No behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIVE	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IF VIORAL CHALLENGES / CONCERNS / CF	TUATION DESC WHO I N/A F/WHEN EXPERI	RIPTIONS S RESPONSIBLE A ENCING IS	
BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, I Yes I No HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI No behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIVE NS & SYMPTOMS OF THE RISK ESCALATING	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IS VIORAL CHALLENGES / CONCERNS / CF	TUATION DESC WHO I N/A F/WHEN EXPERI	RIPTIONS S RESPONSIBLE A ENCING IS	
BEHAVIORA BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, TO NO HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI NO behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIV NS & SYMPTOMS OF THE RISK ESCALATING NSUMER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REGIVER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REACTIVE STRATEGIE	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IS VIORAL CHALLENGES / CONCERNS / CF	TUATION DESC WHO I N/A F/WHEN EXPERI RISIS SITUATION	RIPTIONS S RESPONSIBLE A ENCING IS CRISIS	
BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, I Yes I No HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI Jo behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIVI NS & SYMPTOMS OF THE RISK ESCALATING NSUMER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REGIVER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REACTIVE STRATEGIE ETY PRECAUTIONS	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IS VIORAL CHALLENGES / CONCERNS / CF E STRATEGIES TO PREVENT ESCALATION S TO PREVENT ESCALATION AND/OR DE	TUATION DESC WHO I N/A F/WHEN EXPERI RISIS SITUATION	RIPTIONS S RESPONSIBLE A ENCING IS CRISIS	
BEHAVIORA BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, TO NO HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI NO behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIV NS & SYMPTOMS OF THE RISK ESCALATING NSUMER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REGIVER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REACTIVE STRATEGIE	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IF VIORAL CHALLENGES / CONCERNS / CF E STRATEGIES TO PREVENT ESCALATION S TO PREVENT ESCALATION AND/OR DE	TUATION DESC WHO I N/A F/WHEN EXPER RISIS SITUATION IN TOWARDS A	RIPTIONS S RESPONSIBLE A ENCING IS CRISIS	
BEHAVIORA BEHAVIORA ES THE CONSUMER HAVE BEHAVIORAL CHALLENGES, I Yes I No HAVIORAL CHALLENGES / CONCERNS / CRISIS SITUATI Jo behavioral challenges. CONSUMER BEHA TIFICATIONS HER PREFERENCES AND INSTRUCTIONS PROACTIVI NS & SYMPTOMS OF THE RISK ESCALATING NSUMER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REGIVER ACTIVITIES TO REDUCE THE RISK OF A CRISIS REACTIVE STRATEGIE ETY PRECAUTIONS	CONCERNS OR CRISIS SITUATION DESCRIPTIONS? ON DESCRIPTIONS 'S PREFERENCES AND INSTRUCTIONS IS VIORAL CHALLENGES / CONCERNS / CF E STRATEGIES TO PREVENT ESCALATION S TO PREVENT ESCALATION AND/OR DE	TUATION DESC WHO I N/A F/WHEN EXPER RISIS SITUATION IN TOWARDS A	RIPTIONS S RESPONSIBLE A ENCING IS CRISIS	

Micah Fialka-Feldman		MRN 007675	DATE OF BIRTH	SSN *** ** 0070
ADDRESS -		1 007073	09/20/1984 PHONE	***-**-0070
10474 LaSalle Blvd., Hu	ntington Woods, MI, 4807	' 0	(248) 546 - 48	370
			IPOS EXPIRATION DATE	
01/18/2007	Full		01/17/2008	
AREA OF VULNERABILITY Allergies and Sensitivity	SAFEGUARD PLAN OR REASON TH NKA	AT NONE IS NECESSARY	WHO IS RESPONSIBLE	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON TH.	AT NONE IS NECESSARY	WHO IS RESPONSIBLE	
In the Community	Micah accesses the c	ommunity independently	Family	
			Micah	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON TH	AT NONE IS NECESSARY	WHO IS RESPONSIBLE	
While at Home	Micah is independent	at home	Family	
			Micah	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	AT NONE IS NECESSARY	WHO IS RESPONSIBLE	
Communication	Micah has excellent c	ommunication skills and	Family	•
	has no problems expr	essing his needs to	Micah	
	others.	,		
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	AT NONE IS NECESSARY	WHO IS RESPONSIBLE	
Money & Property	Family monitors		Family	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA		WHO IS RESPONSIBLE	
Access to Cleaning	Able to use independe	ently	Family	
Supplies			Micah	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	T NONE IS NECESSARY	WHO IS RESPONSIBLE	
Health Care Maintenance	Family monitors		Family	
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	T NONE IS NECESSARY	WHO IS RESPONSIBLE	
Access to Medications	No medications			
AREA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA		WHO IS RESPONSIBLE	
Household Responsibilities	Can participate indepe	endently	Family	
			Micah	
REA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	T NONE IS NECESSARY	WHO IS RESPONSIBLE	
Restraints / Supportive Devices	N/A		N/A	
REA OF VULNERABILITY	CAFECUADO DI AN OR SEASCH			
Emergency	SAFEGUARD PLAN OR REASON THA		WHO IS RESPONSIBLE	
Situations/Natural Disaster	Micah is aware of prop	· · · · · · · · · · · · · · · · · · ·	Family	
Preparedness	emergency (call 911, o	ontact ramily member,	Micah	
REA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	T NONE IS NECESSARY	WHO IS RESPONSIBLE	
Caregiver Contingency Plan	N/A			
REA OF VULNERABILITY	SAFEGUARD PLAN OR REASON THA	T NONE IS NECESSARY	WHO IS RESPONSIBLE	
N/A				

Kim Dembrosky

∕licah Fialka-Feldman		MRN 007675		09/20/1984	***-**-0070
oress 10474 LaSalle Blvd., Huntingto	on Woods MI 49070			PHONE	
OS EFFECTIVE DATE	PCP TYPE)	IPOS	(248) 546 - 48° EXPIRATION DATE	70
01/18/2007	Full		0.	1/17/2008	
ESCR/BE	SATISFACTIO	ON OF SUPPORTS AND S	erikan karana da baran da karan da kar		
Micah reports satisfaction with	h current supports ar	nd services.	. N	io is responsible MORC Berkley Schools Dakland Universit MRS	ły
	Parent DOther				
RST NAME LAST NA	AME				
ESCRIBE	CONTINUITY	OF SUPPORTS AND SE	and the second of the second o	O IS RESPONSIBLE	
Micah receives Supports Coo	rdination services thr	ough MORC	l l	1ORC	
Educational services are prov	ided by Berkley Scho	ools and Oakland		erkley Schools	
University	. •			akland Universit	у
CLS Staffing provided by Expe	ert Care		l M	IRS	
Respite services supported by Vocational supports/services p					
•					
he method that I should use to lay choose to use the informa IORC grievance procedure. T embrosky, Supports Coordina upervisor, at 248-276-8017; J mbudsman, at 586-263-8644. Tocess is a request for an office sted above or by calling CMH ere explained in both oral and	o address concerns, of process, the formal of start this process I ator / Case Manager, oAnn Mayernik, Direct of I may also contact of the cial resolution of my corn DCH. The appeal of written format on this	process or both at the should talk with one of at (248)276-8093; Cactor of Support Coordi Community Mental Hesomplaint by CMH and request may be submaded.	same time of the follow ndace Cran nation, at 2- alth (CMH) /or assistan nitted in writ	The informal pring MORC personston, Support Coutes 48-276-8016; or for assistance. The MORC ing or by phone.	rocess is the nnel: Kim pordination Linda Knox, The formal personnel My options
lay choose to use the informal IORC grievance procedure. The embrosky, Supports Coordinate upervisor, at 248-276-8017; Jambudsman, at 586-263-8644. The cocess is a request for an officiated above or by calling CMH	o address concerns, I process, the formal o start this process I ator / Case Manager, oAnn Mayernik, Direct of I may also contact of ial resolution of my cor DCH. The appeal written format on this through the preplayed with my Support or for further discussion of concerning my goaligan Department of Cases.	process or both at the should talk with one of at (248)276-8093; Cartor of Support Coordi Community Mental Heromplaint by CMH and request may be submited at the coordinator. Should fon. I am in agreementals and dreams. I ack Community Health "You at the community Health "You a	same time of the followindace Cran nation, at 2- alth (CMH) /or assistan nitted in writ rocess. I re I later have t with the pl	. The informal pring MORC personston, Support Could 48-276-8016; or for assistance. The MORC ing or by phone. ceived a copy of additional question and believe the copy of acceiving a co	rocess is the nnel: Kim pordination Linda Knox, The formal personnel My options the MORC ions I will that it represent the MORC.

PHYSICIAN'S SIGNATURE (IF APPLICABLE FOR CHILDREN'S WAIVER ONLY.)

DATE

PARENT / GUARDIAN (IF APPLICABLE)

DATE

NAME	MRN	DATE OF BIRTH	SSN	
Micah Fialka-Feldman	007675	09/20/1984	***-**-0070	
ADDRESS		PHONE		
10474 LaSalle Blvd., Huntington Woods, MI, 48070		(248) 546 - 4870		
POS EFFECTIVE DATE	PCP TYPE	IPOS EXPIRATION DATE		
01/18/2007	Full	01/17/2008		

AUTHORIZED SERVICES

OUTSIDE PROVIDER SERVICES						
Provider/Location	CPT Code & Description		Effective Date	Expiration Date		
ExpertCare Management Services	S0215 - CLS Transportation - Per Mile	790 Item	08/17/2007	11/20/2007		
ExpertCare Management Services	H2015 TF - CLS - Intermediate - Per 15 Minute	375 15 minutes	10/28/2007	01/17/2008		
ExpertCare Management Services	S0215 - CLS Transportation - Per Mile	82 Item	11/21/2007	11/30/2007		
Respite Voucher - Provider To Be Determined	S5150 FD - Respite Care Unskilled (Family Friend) - Authorized Per Day, Reported per 15 minutes on claims	5 Day	11/21/2007	11/30/2007		
Respite Voucher - Provider To Be Determined	S5150 FF - Respite Care Unskilled (Family Friend) - Per 15 Minutes	858 15 minutes	09/15/2007	01/17/2008		
Respite Voucher - Provider To Be Determined	S5150 MP - Respite Care - voucher Unskilled Camp - Authorized Per Encounter, Reported Per 15 Minutes on claims	1 Encounter	06/26/2007	08/16/2007		
Respite Voucher - Provider To Be Determined	S5150 FF - Respite Care Unskilled (Family Friend) - Per 15 Minutes	28 15 minutes	08/17/2007	08/20/2007		