

Develop Buy-In Plan – Feedback Form



CIP Feedback Form

Date:

Individual Name:

Family Member Name:

Relationship: (circle one) Family Member/Guardian/Conservator

Individual Residential Location

Individual Work/Day Program Location:

1. How comfortable are you with the idea of Community Integration for your family member? (circle one)

1- I am not comfortable with the idea of community integration for my family member.

2- I am somewhat comfortable with community integration for my family member, but have concerns.

3- I am comfortable with my family member being integrated in the community, but would like to learn more.

4- I am supportive and excited about the idea of community integration and new opportunities for my family member.

Please write any questions, comments or concerns in the space below.

1.

2.

3.

4.

****Please return this form in the self addressed stamped envelope provided. Thank you for your input and support in helping us provide quality services to the people we serve.**