

❖ Sample Individualized Program Plan Request Letter

Name: *Joe Doe*

Address: *000 Your Street*

City/State/Zip: *Your Town, State, 00000*

Telephone: *(000) 000-0000*

Date of Birth: *12.20.1978*

Date: *10.01.09*

Dear Regional Center Case Coordinator:

I am requesting that an IPP meeting be scheduled within 30 days to discuss the following services and supports:

GOAL	<i>To get dental care.</i>
Assessment	<i>I haven't been to a dentist in two years and my health insurance doesn't cover dental.</i>
Service Requested <i>(be very specific)</i>	<i>Dental cleaning and exam.</i>
GOAL	<i>Go to religious services weekly.</i>
Assessment	<i>The mosque I attend is a mile away and I need transportation and a support person to get there for Friday prayer service.</i>
Service Requested <i>(be very specific)</i>	<i>Help with a meeting with my Imam to see if there is someone from my mosque who can help me participate. If not, I would like a paid caregiver.</i>

I need the following accommodations to participate in the IPP meeting: *Transportation to the meeting or hold the meeting in my home; someone to take notes for me.*

People who should be invited to this IPP include: *My brother, Frank.*

To assist the team, I have enclosed the following documents: *Copy of my health insurance card; service schedule from my mosque.*

Please send me a copy of all notes, assessments and agreements from this IPP. I understand if the team does not come to agreement, I have 10 days to appeal. **I would like / would not like assistance with filing an appeal.**

Sincerely,

Joe Doe