



# Person-Centered Planning Session Request Form

OFFICE USE ONLY
Date received: _____
Action: _____
Date: _____

### PLEASE PRINT

This form can be filled out with the help of a family member or friend.

#### Information about me/my child:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Best time to contact you \_\_\_\_\_

Age \_\_\_\_\_ Disability \_\_\_\_\_ Ethnicity \_\_\_\_\_

Primary Language \_\_\_\_\_ Preferred Mode of Communication \_\_\_\_\_

#### Contact Person (If applicable):

Name: \_\_\_\_\_ Relationship to self-advocate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person-Centered Planning sessions generally take 2 hours to complete. When are some good time periods to schedule the planning session? (For example: weekends, Wednesday evenings, anytime, etc.)** \_\_\_\_\_

**Other information you'd like to share:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about this project?** \_\_\_\_\_

Please return the completed form via mail, fax or email to:

Colorado Person-Centered Planning Initiative  
 PEAK Parent Center  
 611 N. Weber, Suite 200  
 Colorado Springs, CO 80903  
 Fax: (719) 531-9452  
 Email: [personcenteredplanning@peakparent.org](mailto:personcenteredplanning@peakparent.org)  
**Please call (800) 284-0251, Ext 112 if you have any questions.**

