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|---------------------|--|-------------------|--|
| ETIP Effective Date | | ETIP Amended Date | |
|---------------------|--|-------------------|--|

PERSON SUPPORTED

| | | | |
|---------------|--|-----------------|--|
| Person's Name | | Annual ISP Date | |
|---------------|--|-----------------|--|

SITE INFORMATION (HOME)

| | | | | | | | |
|--------------|--|--------|--|----------|--|---------------|--|
| Site Address | | | | City | | | |
| State | | County | | Zip Code | | Primary Phone | |

SITE INFORMATION (EMPLOYMENT, IF APPLICABLE)

| | | | | | | | |
|-------------------|--|--------|--|----------|--|---------------|--|
| Site Name/Address | | | | City | | | |
| State | | County | | Zip Code | | Primary Phone | |

BASIC TECHNOLOGY SKILLS AND ACCESSIBILITY

How does the person interact with any technology used prior to the enabling technology integration (check all that apply)?

Has not engaged with technology at all or has not had access to technology

Feedback from participant: _____

Needs help with most technologies

Feedback from participant: _____

Has some independence with technology

Feedback from participant: _____

Fully independent with current technologies available

Feedback from participant: _____

Needs accessibility features to use technology

Feedback from participant: _____

TYPES OF ENABLING TECHNOLOGY SUPPORTS CURRENTLY IN PLACE (AN ADDITIONAL BLANK FORM WITH THIS TABLE IS AT THE END OF THE PLAN)

| Name/Type of Equipment or App | Location of Tech Integration (home, work, community) | Description of Use |
|-------------------------------|---|--------------------|
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| OUTCOMES OF ENABLING TECHNOLOGY INTEGRATION (AN ADDITIONAL BLANK FORM WITH THIS TABLE IS AT THE END OF THE PLAN) | | | | |
|--|--|-------------------------|----------------------------|-----------------------------------|
| Outcomes/Location (What are the desired outcomes and what tech is needed) | Implementation (What are the steps for using the technology; note any "rules" associated with the technology.) | Method of Documentation | Frequency of Documentation | Frequency of Documentation Review |
| | | | | |
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RULES FOR ALERTING/NOTIFYING AND ALERT RESPONDERS (AN ADDITIONAL BLANK FORM WITH THIS TABLE IS AT THE END OF THE PLAN)
 This section lists the rules/alerts affiliated with each technology and the list of responders

| Implementation (noted in Outcomes Chart on previous page) | Type of alert (phone call, text, email, customized prompt) | To which role/staff person | Mandatory provided support (in person, phone call, other) | Response time for this alert and if there is a secondary responder |
|---|--|----------------------------|---|--|
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DIRECT SUPPORT BACKUP RESPONSE PLAN FOR TECHNOLOGY MALFUNCTION OR OUTAGE
 This section may include information from an Organizational Technology Plan but should be individualized for this person's enabling technology.

Which role or which staff person is the first responder? Which role or which staff person supervises first response?

What other roles or staff people will be a part of the direct support response plan?

Which role/staff person needs to be contacted to ensure the technology is functioning?

If needed, which role/staff person will contact any technology vendors for technical support?

Special considerations for rural areas with connectivity issues:

List any direct and natural supports that need to be contacted, their phone numbers (text or phone alerts) and/or email (email alerts).

| Person's Name | Relationship/Title And Responsible Agency (EOR) | Phone Number (only complete this if they would like a text or phone alert; also note "text "and/or "phone" alert) | Email (only complete this if they would like an email alert) |
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| ETIP PRIMARY CONTACT INFORMATION (TEAM PERSON WHO FACILITATED OR PREPARED THIS PLAN) | |
|--|------|
| Name: | |
| Position/Title: | |
| Organization/Agency: | |
| Phone Number: | |
| Email: | |
| Signature: | Date |

| ETIP SIGNATURES | |
|---|------|
| Person Supported Signature – <i>I participated in the person-centered planning process for this plan. I agree with implementing this plan as written.</i> | |
| Signature | Date |
| Legal Representative / Conservator's Signature (if applicable) – <i>I participated in developing this plan / I agree to implementing the plan as written.</i> | |
| Signature | Date |
| Relationship to the Person Supported: | |

APPENDIX: EXTRA BLANK FORMS

OUTCOMES OF ENABLING TECHNOLOGY INTEGRATION

| Outcomes/Area of Home (What are the desired outcomes and what tech is needed) | Implementation (What are the steps for using the technology; note any "rules" associated with the technology.) | Method of Documentation | Frequency of Documentation | Frequency of Documentation Review |
|--|--|-------------------------|----------------------------|-----------------------------------|
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| RULES FOR ALERTING/NOTIFYING AND ALERT RESPONDERS | | | | |
|--|--|----------------------------|---|--|
| This section lists the rules/alerts affiliated with each technology and the list of responders | | | | |
| Type of technology and rule for alerting | Type of alert (phone call, text, email, other) | To which role/staff person | Mandatory provided support (in person, phone call, other) | Response time for this alert and if there is a secondary responder |
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