



Circle of Support – Meeting Minutes

Participant's Name: _____

Date of COS: _____

Type of COS: Annual COS/LP Review Semi-Annual COS/LP Review Other: _____

Attendance: Please list all members of the COS in attendance of the meeting.

Name	Title

Care Manager Update and Life Plan Review: Please list any changes/corrections/updates to the participant's LP or Direct Provider programs. Follow up with a review of the last COS meeting minutes.

Broker Update: Please list any changes to the budget (ex. CNBA, FBA, participant requested changes). Follow up with a review of the last COS meeting minutes.



FI Update and Review of Expenses: Please summarize a review of the Budget Tracker/use of the budget to date. Follow up with a review from the last COS meeting minutes.

Participant/Parent/Designee/COS Member Update: Please discuss how the participant is utilizing their budget, update on staff, any issues, satisfaction with all services.

Other Update: Please discuss any reports from other programs in attendance such as Day Hab, SEMP, Residential services etc.

Follow Ups: Please list any follow ups for the next COS.

Date of next meeting: _____

Broker signature: _____ Date: _____

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