

**Ramsey County Consumer Directed Community Services (CDCS)**  
**Addendum to the Community Support Plan**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ PMI #: \_\_\_\_\_

Case Manager and Agency: \_\_\_\_\_

Fiscal Intermediary: \_\_\_\_\_ Support Planner: \_\_\_\_\_

Addendum Completed by: \_\_\_\_\_

Waiver Span \_\_\_\_\_

Please identify the changes that you wish to make to your plan and the reason for the change.

Identify the outcome you expect from the change.

What is the cost of the change? \_\_\_\_\_

What are the FSE fees? \_\_\_\_\_

Where will these dollars come from? \_\_\_\_\_

CDCS Coordinator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 08/2015