Macomb County Community Mental Health
Universal Individual Plan of Service (IPOS) Training Verification

Updated: August 23, 2021

Person Served Name:	
Case #	
IPOS Effective Date:	
IPOS Expiration Date:	
Check Reason for Training	☐ IPOS ☐ Amendment ☐ Periodic Review (if changes occurred)
Primary Case Holder & Agency	

TRAINING PROVIDED BY PRIMARY PROVIDER

Primary Case Holder Name	
Trainee Role/Title (Person Served/Parent/Guardian/ Personal Representative, Group Home Manger, Skill Building Supervisor, etc.)	(Please Select)
Trainee Name Agency/Program/Service Line	
Date Trained	

_____ _____

Trainee Signature Date

_____ _____

Primary Provider Signature Date

*__**Trainee is now Certified to Train staff on the IPOS.**__

Staff Training

Trainer Name Title/Role Agency/Program/Service Line	

_____ _____

Trainer's Signature Date

Printed Name/Job Title	Agency/Program	Signature and Date Trained

Printed Name/Job Title	**Agency/Program**	**Signature and Date Trained**

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