

North Country Community Mental Health

1. Identify which services/supports, including alternative services, if applicable, you would like from CMH. *If person does not desire services, document and ensure individual knows process to re-access services as desired or as needed in the future.*

2. Are there any dreams, goals, desires, or topics you would like to discuss? _____

3. What do you do well? _____

4. What do you want to do better? _____

WOULD YOU ALSO LIKE TO WORK ON...

5. Increasing community involvement/inclusion? _____

6. Are there any organizations, supports or activities in the community that you would like information about or referrals to?

7. Increasing natural supports? _____

8. What type of involvement would you like your family or guardian to have in your planning?

9. Do you need to develop a crisis plan? (Can be added at any time) Yes No

Name:	ID #	Date
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Pre-Planning Process

North Country Community Mental Health

MEETING DETAILS:

10. Who would you like to attend your planning meeting? *How would you like to let people know about the meeting? Do you want any assistance with letting people know about your planning meeting? How can I be helpful?*

11. Where and when would you like to have your meeting?

12. Who would you like to facilitate your meeting and who would you like to record the minutes? (External independent facilitation not available for short-term outpatient therapy only, medication only, incarcerated.)

13. Are there any topics you do not wish to discuss during the planning meeting?

YOUR-PLANNING MEETING IS SCHEDULED FOR: _____

_____ I have had the person centered planning process explained to me.
(initial)

Signatures:

Consumer Date _____ Date
CMH Representative

Other/Guardian Date _____ Date
Supervisor

Reviewed with guardian: Yes No NA

Guardian Input & Desires: _____

Copy of Pre-Plan provided to consumer? Yes No

Start Time	Stop Time	Location	Activity Code	Cost Center

THIRD LEVEL phone # 1-800-442-7315

Name:	ID #	Date
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Pre-Planning Process