

North Country Community Mental Health

Goals/Supports Plan

Currently Involved Disciplines/Services:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Family Support | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Counseling/Therapist | |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> ACT Team | |
| <input type="checkbox"/> Other | | | |

Additional Consultations Needed: (Justify) _____

Natural Supports: (Specify in Goal/Support Formulation)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Guardian | <input type="checkbox"/> Community Psychiatrist | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Child/ren | <input type="checkbox"/> Payee | <input type="checkbox"/> Community Therapist | <input type="checkbox"/> Personal Income |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Conservator | <input type="checkbox"/> Other Health Care | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Pets | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Circle of Friends | <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Community Physician | <input type="checkbox"/> Church | |
| <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Dentist | <input type="checkbox"/> Crafts/Hobbies | |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Micro Enterprise | |

Current Supports and Resources:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Champus | <input type="checkbox"/> Competitive Employment |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid Clinic Services | <input type="checkbox"/> TEP |
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Family Support Subsidy | <input type="checkbox"/> Clubhouse/Drop-In Center |
| <input type="checkbox"/> Other Insurance | <input type="checkbox"/> Respite Services | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Medicaid Hab Supports/Waiver | <input type="checkbox"/> CMH Type A Contract | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> FIA Home Help | <input type="checkbox"/> CMH Type B Contract | <input type="checkbox"/> AFC Home Provider |
| <input type="checkbox"/> Children's Waiver | <input type="checkbox"/> CMH Type G Contract | <input type="checkbox"/> Group Home Staff |
| <input type="checkbox"/> Children's Special Health Care Services | <input type="checkbox"/> Model Payment System
(general foster care only) | <input type="checkbox"/> Paid Support Staff |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Educational Placement | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Day Program Services | <input type="checkbox"/> Rehabilitation Act |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Other |

Referrals needed for additional supports from outside agencies: _____

Name:	ID #	Date
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**Plan of Service
Community Supports**