

PCP Preplanning Note

CIGMMO

Consumer Name:

Case #:

DOB:

PCP Preplanning Date:

Have you been offered outside facilitation?

Yes No

You have chosen the following person to facilitation your plan:

Projected Meeting Information

When would be a convenient time to schedule your planning meet/first appointment?

Date:

Time:

AM PM

Location:

Are there specific things you would like to discuss at your planning meeting/first appointment?

(i.e., dreams, desires, concerns, fears, budget, support services, hobbies, classes, entertainment, clubs, activities)

Do you have health or safety issues you want to address?

Yes No

If Yes, List Issues:

Is there anything you do NOT want to talk about at your meeting?

Are there family/friends or others who might/will help you while you are receiving CMH services?

Yes No

If yes, who (family/friends, coworkers, guardian, other professional/staff)?

Review Self-Determination brochures regarding ways resources for services can be controlled with a choice voucher/self-determination arrangement. Brochures on self-determination reviewed?

Yes No

Would you like to pursue a choice voucher/self-determination agreement?

Yes No

If involved in Self-Determination (Choice Voucher Arrangement), annual budget required (contact accountant for assistance).

Is there anyone you would like to invite to your planning meeting/first appointment?

Yes No

I would like the following people to attend my Plan of Service Meeting:

	Name	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Informed consumer of the provider listing available in the Customer Service Handbook.

Notification of Rights and offered a “Your Rights” booklet.

Comments: