Community Mental Health for Central Michigan

PCP Preplanning Note

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IDENTIFYING INFORMATION** | | | | |
| **NAME** | **DOB** | **AGE** | **CASE #** | **GENDER** |
| **ADDRESS** | | | | |

|  |  |
| --- | --- |
| **PCP Preplanning Date:** | **Have you been offered outside facilitation?** Yes No |

You have chosen the following person to facilitate your plan:

You have chosen the following person to record the PCP meeting notes:

What is your vision of how your planning meeting would be conducted (format of meeting)?

Person Centered Planning

Charting the Life Course

Do you need any special accommodations for your meeting? Yes No

**Projected Meeting Information**

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

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | AM PM |

**Location:**

What is your vision for a happy, meaningful and successful life?

*(i.e., dreams, vision of the future, desires, goals, etc.)*

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

No - **If Yes, List Issues:**

Yes

CMHCM has a strong commitment to assisting individuals with increasing their productivity and ability to work. If you are not already working, are you interested in working? Yes No N/A

*Comments:*

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

Yes No

**Natural Supports**

(List any people that are available at no cost to support the consumer, including family, friends and community members.)

|  |  |
| --- | --- |
| **Name** | **Role and Assistance/Support Provided** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If no Natural Supports, explain:

***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: