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** |
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|  |  |
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|  |  |
|  |  |

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: