

Single Coordinated Care Plan

Consumer Name: _____ **Lead Facilitator:** _____

Initial TANF Eligibility Date: _____ **POC Date:** _____ **Plan Revision Date:** _____

Consumer Vision:

Functional Strengths of Consumers:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Consumer Needs | **Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)**

1.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
2.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER

▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Research Tracking Code: _____

Consumer Needs	Strengths/Strategies to Meet Needs (Supported by Functional Strengths Above)						
3.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
4.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
5.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER

▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
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Consumer Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
6.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
7.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
8.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Consumer:
Consumer Vision:

Consumer Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
9.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
10.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

Notes (Please indicate date of entry):

Follow-up Meeting Date:

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Consumer:
Consumer Vision:

Signature of Consumer:				Date:		
Signature of Facilitator:				Date:		
Facilitator Phone:						
Signatures of Team Members						
Signature	Date	Informal or Formal Support	Organization or Relationship with Consumer	Phone	Invited	Attended

Prohibition on Redislosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Par 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.