

SCCPlan Follow-up Meeting Confirmation

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Date:

To:

Subject: Follow-up Single Coordinated Care Plan Meeting

Thank you for your participation on **[Client's Name]** SCCP team. I have attached the current care plan for your review. Please let me know if you have any questions about the plan.

As we agreed at our last meeting, the next SCCP team meeting for **[Client's Name]** will be held on **[Date]** at **[Time]** . The meeting will be held at **[Location and address]** .

Please bring a copy of the current SCCP, as well as any additional material that may be helpful to the team.

Your involvement in these team meetings is important to the client. If for any reason you cannot attend the meeting, contact me.

I look forward to seeing you soon.

Sincerely,

[Name]

[Title]

Enclosures