

# Integrated Case Management Service Plan

## Disclosure Consent for Participants

This Integrated Case Management Meeting is being held to gather information so that services and supports can be coordinated for the following purposes:

- information gathering
- to review and update relevant information
- to make collaborative plans
- to make referral(s) for services as identified

I/We, \_\_\_\_\_ (family/child/parent/youth) consent to the disclosure of information about:

myself  my family

\*I/We consent to the disclosure of:

- all relevant information
- specific information regarding \_\_\_\_\_

(eg. School, health/medical information and/or reports)  
 (\* to be discussed prior to the ICM meeting)

To and Between:

Team Member	Organization/Role	Phone Number	Fax Number

Signature(s) of people giving consent \_\_\_\_\_

Date \_\_\_\_\_ Case Manager(s) \_\_\_\_\_

Consent is valid for **one year** unless revoked in writing by the person giving consent.

# Integrated Case Management Service Plan

## Strengths


## Updates/New Information Review Previous Plan


## Area of Focus/Concern/Needs




# Integrated Case Management Service Plan

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Focus Areas Goals	Current performance Situation Strengths	Objectives/Plan Address needs, etc.	Structures/Strategies (Including Responsibilities)	Outcomes What will it look like?	Person Responsible Date of Completion

For example: Health, education, housing, routines, recreation, financial, life skills, relationships, legal and others as appropriate

**Signed by:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next meeting:**

Other people to be invited:

\_\_\_\_\_

\_\_\_\_\_

Other information to be brought to the mtg.:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_