

ACTT Step Down Planning Worksheet

Date: _____

Consumer Name: _____

Western Highlands Consumer Number _____

Problem or Service needs that continue:

Assistance with groceries _____

Assistance with paying rent and other bills _____

Assistance in picking up medication _____

Assistance in setting up pillbox _____

Assistance in getting to Psychiatric appointments _____

Assistance in getting to Medical appointments and labs _____

Assistance in cleaning home _____

Assistance in getting to court and probation appointments _____

Assistance with transportation _____

Other service needs: _____

Proposed date of transfer _____

Service consumer will be transferred to _____

Suggested units of service to meet listed needs _____

Clinician signature _____

(11/07)

Date _____