

**MEDICATION NOTIFICATION FOR SKILL BUILDING PROGRAM**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named person receives medication while attending services at Sanilac County Community Mental Health. In order to prevent disruption of services with the JTI Program, the following needs to be completed before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We need a new supply of the following medication/s.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have less than two weeks of medication on hand. Please ensure the individual’s supply of medication has been refilled before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions, please feel free to contact me at:

**Sanilac County Community Mental Health**

**227 E. Sanilac Avenue**

**Sandusky, MI 48471**

**810-648-0330**

**810-648-5107 (FAX)**

Thank You,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Signature)

CC: \_\_\_\_CHART

\_\_\_\_ Case Manager