**Assisted Outpatient Treatment Plan**

***Sanilac County Community Mental Health***

Individual Name: Click or tap here to enter text.

AOT Effective & Expiration Date: Click or tap here to enter text.

CMH IPOS Date: Click or tap here to enter text.

CMH Psychiatric Evaluation Date: Click or tap here to enter text.

Next Medication Review Date: Click or tap here to enter text.

CMH Psychiatrist: Click or tap here to enter text.

CMH Care Manager/Clinician: Click or tap here to enter text.

Hospital Liaison: Click or tap here to enter text.

Sanilac County Community Mental Health Services Provided:

 [ ]  ACT

 [ ]  Community Living Supports

 [ ]  Therapy Groups

 [ ]  IDDT/Co-Occurring Diagnosis Services

 [ ]  In-Shape

 [ ]  Outpatient Therapy

 [ ]  Psychiatric/RN

 [ ]  Peer Support Services

 [ ]  Skill Building

 [ ]  Case Management/Supports Coordination

 [ ]  Supported Employment

 [ ]  Psychologist/Behavior Plan

 [ ]  Intensive Outpatient Therapy

Please send to probate@sanilaccounty.net or fax #810-648-2900