

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION
SERVICE PLAN
PRIMARY**

NAME:
SS #:
DOB:
DOCKET#:
ENROLLMENT DATE:

NEED AREA	GOAL	RECOMMENDATIONS	PROVIDER	LOCATION	TREATMENT STATUS	NOTES
HOUSING	Safe/Affordable Housing					
ENTITLEMENTS	Apply for Mass Health and SSI					
MENTAL HEALTH	Symptom Management					
SUBSTANCE ABUSE TREATMENT	Recovery/ Do not use Drugs or alcohol					
LEGAL	Fulfill obligations					

SIGNATURE: _____ DATE: _____

For Program Development

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SERVICE PLAN
SUPPLEMENTARY**

PHYSICAL HEALTH	Health Management					
VOCATIONAL/ EDUCATIONAL	Explore pre-vocational skills training opportunities and part-time employment					
COMMUNITY	Transition					
OTHER						

SIGNATURE: _____ DATE: _____

For Program Development