

## INTEGRATED SERVICES AND SUPPORT PLAN

Participant's Name:

Enrollment Date:

Date of ISSP:

Long-term Vision:

**Life Domains: ♦ Family ♦ Living Place ♦ Social Fun ♦ Mental Health ♦ School/Work ♦ Legal ♦ Medical ♦ Crisis/Safety ♦ Cultural ♦**

STRENGTHS	DOMAIN	GOAL	STRATEGY	PERSON RESPONSIBLE	FREQUENCY
	Mental Health	<i>See Medi-Cal Treatment Plan .01</i>			

**Strengths and Accomplishments:**

Date of Safety Plan: \_\_\_\_\_ Date of Safety Plan  
*If yes, please attach updated Safety Plan*

Does Safety Plan need updating?     Yes                       No

Staff's Signature \_\_\_\_\_  
Staff Name, Credential

Participant's Signature (optional): \_\_\_\_\_