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| --- | --- | --- | --- | --- | --- |
|  | Client:  Initial Mtg. Date | Client:  Initial Mtg. Date | Client:  Initial Mtg. Date | Client:  Initial Mtg. Date | Client:  Initial Mtg. Date |
| Existing Service Plan |  |  |  |  |  |
| Service Plan w/TCS Services |  |  |  |  |  |
| Enrollment Packet – Due at first session |  |  |  |  |  |
| Life Skills Assessment – Due at end of month 1 |  |  |  |  |  |
| Skills Plan – Due at end of month 1/before STM |  |  |  |  |  |
| Behavioral and In-home Assessment – Due at end of month 1 |  |  |  |  |  |
| Behavior Management Plan – with caregiver, supervisor, and TCS signatures. Copy to Service team prior to STM |  |  |  |  |  |
| Weekly communication with TCM and BHP |  |  |  |  |  |
| Documentation of Supervision Document - Weekly |  |  |  |  |  |