**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due Date:** Click here to enter a date.

[ ]  Schedule Recovery Team Meeting

* Invite all recovery team members including MHP
* Invite school personnel (if a child)

[ ]  Request any Mental Health/ Physical Health Records including updated Medication List

[ ]  Physician’s Prescription

[ ]  PPS in MyEvolv

[ ]  Update Assessment/Summary with any life changes

[ ]  Update Recovery Plan

* Document progress, barriers, and whether objectives will continue.

[ ]  Update TARP note with new goal(s) if needed

[ ]  Attend Recovery Meeting

* [ ]  Complete Annual Functional Screen **Due Date:** Click here to enter a date.
* [ ]  Functional Screen Consent (adult or youth have one)
* [ ]  Informed Consent
* [ ]  Client Policies
* [ ]  Determination of Need/Authorization for Services
* [ ]  Admission Agreement
* [ ]  Completed Updated Financial documents- see Billing for forms

* [ ]  Complete new Releases of Information
* [ ]  Text/E-mail Authorization
* [ ]  Telehealth Authorization

[ ]  E-mail correspondence:

* Contracted Providers: new/updated Recovery Plan and TARP Note (if needed)
* Lead Facilitator: new goal and completion date for tracking.

**\*\*\*\*TURN INTO MHP AS A PACKET\*\*\*\***