



INTEGRATED CASE MANAGEMENT MEETING (ICM)

Date: _____

CHILD / YOUTH: _____ **GR:** _____ **DOB:** _____ **ID# :** _____

PARENT(S)/GUARDIAN(S): _____

CASE MANAGER: _____

INDIVIDUAL PLAN INVOLVEMENT:

Youth: _____ Parent(s)/Guardian(s): _____ ICM Team Members: _____ Other: _____

INTEGRATED CASE MANAGEMENT TEAM MEMBERS:

<u>NAME</u>	<u>MINISTRY / AGENCY</u>	<u>POSITION / ROLE</u>

CURRENT GOALS

- _____
- _____
- _____

ARE THE GOALS BEING MET? Yes ____ No ____ (If no, please give reasons why)

FUTURE GOALS

- _____
- _____
- _____

PLAN: (Record who will be responsible for each part of the plan)

RECOMMENDATIONS, OPTIONS and/or REFERRALS: (Record who will be responsible for these actions)

