Quarterly Treatment Plan

Vendor Name:

Person Under Supervision/Defendant's Name & Pacts#:

Treatment related goals that are specific, measurable, achievable, relevant and time-bound (SMART) goals:

Action steps for the person under supervision/defendant to accomplish the identified treatment goals:

Appropriate type and frequency of treatment:

Note the person under supervision/defendant's supportive social networks-(e.g. family, friends, peer support, co-workers, etc.):

Medication management plan (when applicable):

Collaboration and coordination for community-based services (when applicable):

Skills to assist in managing known risk and symptoms:

Adaptable skills for self-management:

Recommendation/justification for continued treatment services:

NOTE: Initially and after every update, or at least every 90 days, the treatment plan should be attached to the Monthly Treatment Log and submitted with invoices provided to the USPO/USPSO.

Participant Signature:_____

Vendor Signature: _____

Date: _____