

Attachment D

State of Hawaii
Coordinated Service Plan

Desired Outcomes	Needs	Strength-Based Strategies/Interventions/Tasks	By Whom	1Start Date	Targeted 2End Date

TEAM MEMBERS

Your signature denotes your attendance and participation in the development of this CSP only. If you have questions or concerns about the contents once you receive the finished plan from the MHCC (within 5 working days of the CSP meeting), please follow up directly with the MHCC.

Printed Name	Signature	Date	Position/Agency	Phone	Fax
			Client		
			Mother		
			Father		
			Family Support		
			Probation Officer		
			GAL		
			DOH/MHCC		
			CC/TFH Parent		
			DOH/Clinical Director		
			DOE/SBBH and/or TLC Representative		
			CC/Parent Consultant		
			CC/Therapist		