

**MI/MRDD TASK FORCE
CASE SUMMARY FOR DUAL DIAGNOSIS INTERVENTION TEAM**

Name: _____ D.O.B. ____/____/____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Guardian (If applicable): _____ Phone: _____

Lead Case Manager: _____ Agency: _____ Phone: _____

Who is on the individual's team? (name and agency):

Agency Release of Information signed on: _____

MI/MRDD Authorization for Information Sharing signed on: _____

Brief Individual History:

List individual/family strengths

List individual/family needs

--	--

Expected Outcomes:

--

Plan begins: ____/____/____ **Plan ends** ____/____/____

All Services included in plan

For those funded by Intervention Team, show cost

--	--

Today's Date ____/____/____ **Next Report to Intervention Team on** ____/____/____