

### Health Needs Change Notice

Unless directed otherwise in the Coordinated Service and Support Plan (CSSP) or the Coordinated Service and Support Plan (CSSP) addendum, the program must report any change in a person's physical and mental health needs when assigned in the Coordinated Service and Support Plan or Coordinated Service and Support Plan addendum.

Person name: \_\_\_\_\_

Program name: \_\_\_\_\_

Date a change in physical and/or mental health needs was discovered: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date of this report: \_\_\_\_\_

Date of notification to:

Legal Representative: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Describe in detail the change in the person's physical and/or mental health needs:

Was the Health Needs Record form updated as a result of this notice?  Yes  No

If you have questions you can contact the Designated Coordinator:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_