

# DARTMOUTH WELLNESS COURT

Mental Health Court Program; Opioid Court Program;  
Alcohol Court Program; and Judicial Monitoring Program

Public Form

## Support Plan

Name: \_\_\_\_\_ Date (year/month/day): \_\_\_\_\_

<b>LONG TERM GOAL</b> <i>(what I want to achieve in 3 to 5 years):</i>	
<b>SUMMARY OF NEEDS</b>	<b>✓ Check: Area(s) I need help with</b>
<b>Community Living (Skills and Supports)</b>	
Accommodation: Affordable/Safe housing	<input type="checkbox"/>
Food: Acquiring food; preparation & nutrition needs	<input type="checkbox"/>
Looking after home: Household maintenance	<input type="checkbox"/>
Self Care: Basic hygiene, grooming, laundry, etc.	<input type="checkbox"/>
Daily Activities: Work, school, volunteering, socializing, etc.	<input type="checkbox"/>
Basic Education: Literacy and Numeracy	<input type="checkbox"/>
Telephone: Access and Use	<input type="checkbox"/>
Transportation: Access and Use	<input type="checkbox"/>
Financial: EI, IA, Salary, CPP, etc	<input type="checkbox"/>
<b>Health and Wellness</b>	
Physical health:	<input type="checkbox"/>
Psychotic symptoms:	<input type="checkbox"/>
Information about illness and treatment	<input type="checkbox"/>
Psychological distress: Depressive symptoms, coping, anxiety, victimization, crisis, etc.	<input type="checkbox"/>
Treatment/care: Compliance, engaging in care planning	<input type="checkbox"/>
Spiritual/Cultural	<input type="checkbox"/>
<b>Social Network and Relationship</b>	
Company: Family and friends – Availability & relationship issues difficulties relating to others; social skills such as ability to make and keep friends etc.	<input type="checkbox"/>
Intimate relationship: Spouse & Partners – Access and relationship issues	<input type="checkbox"/>
Sexual expression: Identify and difficulties related to sexual expression	<input type="checkbox"/>
Child Care: Access, parenting, etc.	<input type="checkbox"/>
Relationship with care providers (engaging, connecting, trusting relationship)	<input type="checkbox"/>
<b>Addiction</b>	
Drug/Alcohol Use	<input type="checkbox"/>
Gambling	<input type="checkbox"/>
<b>Behavioral/Risk Management</b>	
Safety to self: Risk of unintentional harm; self-destructive behaviors & suicidal risk	<input type="checkbox"/>
Safety to others: Risk to assault others; putting others at risk	<input type="checkbox"/>
Legal Issues (probation, community treatment order)	<input type="checkbox"/>

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<b>STRENGTHS</b> <i>(what I do well):</i>			
<b>ISSUES (Area(s) I need to improve.)</b>			
Action Steps <i>(What I or Others need to do)</i>	Who is responsible?	Target Date (YYYY/MM/DD)	Status/ Reviewed

My Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member: \_\_\_\_\_

Date: \_\_\_\_\_