



Health Identification and Planning System (HIPS) Action Plan

Name:

DMH-ID Number:

Agency:

Service Coordinator:

Identified Completion Date of Action Plan:
(Unless otherwise indicated below with specific planned action)

Significant Findings Category 1 = IMMEDIATE Need (document action taken) Category 2= ESSENTIAL Need	Action Taken &/or To Be Taken	Completion S.C. Date/Initial
1.	1.	
*Category: Circle One 1 2	Responsible Person:	
2.	2.	
*Category: Circle One 1 2	Responsible Person:	
3.	3.	
*Category: Circle One 1 2	Responsible Person:	
4.	4.	
*Category: Circle One 1 2	Responsible Person:	

