

SCCPlan Meeting Confirmation

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Date:

To:

Subject: Single Coordinated Care Plan (SCCP) Meeting

You have been invited to participate on a Single Coordinated Care Planning team for [**Client's Name.**] The SCCP meeting has been scheduled for [**Date**] at [**Time**] . The meeting will be held at [**Location and address**] .

The purpose of the Single Coordinated Care Plan is to coordinate services and supports for the client. This meeting is an opportunity for you to work collaboratively with the client and representatives of other service agencies to develop a care plan that helps the client meet his/her needs and those of the systems in which he/she is involved.

The meeting will focus on the client's vision, strengths and needs. You have been invited to attend because the client views you as someone who can help.

I have attached some background information including an agenda, a brief description of the process, and expectations for team members. Please feel free to contact me if you have questions. I look forward to seeing you on the [Date] .

Sincerely,

[Name]

[Title]

Enclosure