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| **TRANSITION TEAM MONITORING PLAN for: [Name of person on a CR/LRA]: Date:** | | | | |
| **TRANSITION TEAM MEMBERS** | | | | |
| Care Coordinator Name | | Address | Phone Number | Email |
|  | |  |  |  |
| Supervisor/Alternate Contact Name | | Address | Phone Number | Email |
|  | |  |  |  |
| CCO Name | | Address | Phone Number | Email |
|  | |  |  |  |
| Supervisor/Alternate Contact Name | | Address | Phone Number | Email |
|  | |  |  |  |
| Behavioral Health Agency Representative Name | | Address | Phone Number | Email |
|  | |  |  |  |
| Supervisor/Alternate Contact Name | | Address | Phone Number | Email |
|  | |  |  |  |
| **TRANSITION TEAM MEETINGS** | | | | |
| Frequency of Transition Team Meetings: | | | Organizer: | |
| **MONITORING PLAN** | | | | |
| CR/LRA Condition: | Monitoring Activity and Frequency: | | Assigned Transition Team member (if left blank Care Coordinator is responsible): | |
| CR/LRA Condition: | Monitoring Activity and Frequency: | | Assigned Transition Team member (if left blank Care Coordinator is responsible): | |
| CR/LRA Condition: | Monitoring Activity and Frequency: | | Assigned Transition Team member (if left blank Care Coordinator is responsible): | |
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| **CHANGE IN RESIDENCE APPROVAL** | | |
| **Standard Change in Residence** | Approved by Transition Team | Date: |
| **Emergency Change in Residence** | Approved by Care Coordinator on behalf of  Transition Team  Approved by remaining members of Transition  Team | Date:  Date: |
| Care Coordinator may approve change in residence in cases of emergency on behalf of Transition Team. Transition Team members will review and approve residence as soon as possible, or a new residence will be designated with Transition Team approval. | | |

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| **NGRI SEARCHES** | | |
| **Emergency Searches** | Conducted by CCO on behalf of  Transition Team, with approval of supervisor  Debriefed with remaining members of Transition  Team, plans updated accordingly | Date:  Date: |
| CCO on NGRI Transition Team may conduct searches of property in cases of emergency on behalf of Transition Team with approval of supervisor. Transition Team members will be apprised of reason and outcome of the search and adjust monitoring plan/individualized plan for treatment accordingly. | | |