

Name:	Address, phone number, email address:	TX SDC ID:	NORTHSTAR ID:	DATE:
<p>1. As you consider your mental health recovery, think about your major life goals. Some <u>examples</u> are: improving your emotional well-being, getting a job or keeping a job, going to school, being physically fit, making friends, having social activities, or having a good relationship with your spouse/partner, kids, or family.</p> <p>WHAT IS ONE OF YOUR MAJOR LIFE GOALS IN RELATION TO RECOVERY: (Use additional sheets for other major life goals you have right now, if any.)</p>				<p>CIRCLE ONE:</p> <p>NEW PCP & BUDGET</p> <p>CONTINUATION PAGE FOR EXISTING PCP</p> <p>REGULAR CHANGE OR UPDATE TO PCP</p> <p>EMERGENCY UPDATE TO PCP (STOP & USE AMENDMENT FORM)</p>
<p>2. Now think about how your life will improve when you reach the above goal. In other words, what specific symptoms, problems, or life experiences related to your mental illness would improve or be relieved? An <u>example</u> is that a goal of being physically fit helps to feel more motivated and to have fewer symptoms.</p> <p>HOW WILL YOUR GOAL IMPROVE YOUR SYMPTOMS, PROBLEMS, OR OTHER EXPERIENCES RELATED TO YOUR MENTAL HEALTH ISSUES?</p>				
<p>Make other notes or comments here about your goal or what you hope to improve in your life.</p>				

3. List the resources you will need AND how each purchase will help you reach your goal in #1. Resources mean social, mental health, or substance abuse services; therapy; products; classes; memberships; or other purchases that will help you meet your goal. Some examples are: a bus pass from transit services to get to school; a suit of clothes for a job interview, a health club membership to get in shape; family therapy to learn coping skills; or dental work to help get ready for a job interview.

LIST THE RESOURCES YOU NEED AND HOW THE PURCHASE WILL HELP YOU MEET YOUR GOAL FROM #1:

Now please budget for the resources you need. Please list each resource or purchase separately, along with the duration of the expense (start and end dates, or ongoing), the cost per unit or item (including tax), the total number of units or items, and the total cost of each purchase. Use an additional sheet if necessary.

RESOURCE OR PURCHASE	DURATION OF EXPENSE (START & END DATES)	COST PER UNIT OR ITEM (including tax)	TOTAL # OF UNITS OR ITEMS	TOTAL COST OF THIS PURCHASE
1.		\$		\$
2.				
3.				
4.				
5.				
		A. Total amount you are requesting to spend on this goal:		\$
		B. Total amount you started with (called your balance forward):		\$
		C. Your ending balance (B minus A), after you make your purchase(s):		\$
4. What is the total amount you will spend on traditional mental health or social services to meet this goal?				\$
5. What is the total amount you will spend on non-traditional services, products, etc. to meet this goal?				\$
Participant Signature	Date	SDC Advisor Signature	Date	SDC Program Director Signature
				Date