

## ICD-10 Diagnosis

No **Diagnosis** are active.

## Needs

No **Needs** have been identified

## Strengths

No **Strengths** have been identified

## Goals

No **Goals** have been created

Signature(s) below indicate that the Participant and Family have: (a) Participated in the deployment of Plan of Care, and (b) had choice in the selection of services, providers, and interventions, when possible, in the process of building the Plan of Care.

## Family Team Members and Supports

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