Lorven Child and Family Development, LLC
264 Greensboro Street Ext.
Lexington, NC 27295
(336) 236-7347 (office)
(336) 300-7513 (fax)

Lorven
Child and Family Development

Client Name:
Record Number:
Date of Birth:

This Service Plan, Including Goal(s) and Interventions are Deemed Medically Necessary in treating the above-named client.

CLIENT ACTIVE PARTICIPATION STATEMENT:

I/We (client/guardian) have actively participated in the development of this service plan and understand the treatment goals and objectives listed.
Signature indicates completion of the face to face assessment to determine medical necessity and appropriate level of care including the evaluation of all pertinent information.
This Service Plan will be updated and reviewed annually, or whenever the plan is revised.
Staff and Individual/Legally Responsible Person sign below whenever the plan is implemented, reviewed or revised.

I have had input into this plan, and I agree with this plan. (Individual/ Legally Responsible Person Signature)

Signature **Date**

Therapist Signature **Date**