TULALIP TRIBES
Behavioral Health
Child, Youth, & Family Mental Wellness
4033 76th Pl. NW, Tulalip, WA 98271
(360) 716-4424 front desk (360) 716-0751 fax

Tulalip Tribes Behavioral Health

Individual Service Plan Patient Acknowledgement

☐ Master Individual Service Plan

☐ Individual Service Plan Changes/Updates

☐ 90 Day Individual Service Plan Review

☐ 180 Day Individual Service Plan Review

_____
Individual Service Plan Date

BY SIGNING THIS I ACKNOWLEDGE THAT I WAS PROVIDED THE OPPORTUNITY TO PARTICIPATE IN FORMULATING THIS INDIVIDUAL SERVICE PLAN, AGREE TO TREATMENT AND WAS OFFERED A COPY.

_____	_____	_____
Patient Last Name	Patient First Name	Patient DOB:
_____	_____	_____
Patient Signature (if 13 years or older)	Parent/Guardian Signature	Date
_____	_____	_____
Counselor	Counselor Signature	Date