



**State of Maine**  
**Department of Health and Human Services, Office of Child & Family Services**  
**Section 24: Individual Treatment Plan Face Sheet**

**Child/Youth Name:**

**MaineCare#:**

**Other Services Involved with the Child:**

**FOR DHHS USE ONLY**

Child is eligible for Section 24 of the MaineCare Benefits Manual

Treatment Plan is authorized

**Plan Start Date-**

**Plan End Date -**

\_\_\_\_\_/\_\_\_\_\_  
**Authorized Signature                      Date**

\_\_\_\_\_  
**Title/District**

**Comments:**

**Follow-Up Activities Indicated:**