



MENTAL PATIENTS LIBERATION ALLIANCE

The Alliance

13 Hopper Street, Utica, New York 13501
Phone (315) 732-5377
FAX (315) 732-5625

24-Hour Toll-Free, Peer Support Line 1-800-654-7227

Please Note: It is recommended that each individual complete an Advance Directive for his/her own protection. A Support Plan does **not** take the place of an Advance Directive. If you would like more information, please ask a staff member or volunteer to assist you.

SUPPORT PLAN

Complete the following answers to create your personal Support Plan. If you need assistance or would like to discuss any items, please ask a staff member or volunteer. The Alliance will be happy to keep your Support Plan on file. All information will be kept confidential.

Name _____ Phone _____

Address _____

If I am having difficulty, I prefer these things that have helped me in the past:

Please Contact _____ Phone _____

Address _____

This is how you can tell if I need help _____

How can The Alliance be helpful to you in difficult times? _____

May we help you to make an alternative plan to hospitalization? _____
If someone suggests that you go to the hospital, would that be acceptable to you? ____
If yes, under what circumstances? _____

Is there a hospital that you prefer? _____
List any medications that you find to be NOT helpful, damaging, or under no
circumstances want: _____

How do you feel about electroconvulsive practice? _____

How do you feel about seclusion? _____

How do you feel about constraints? _____

Are there any medical conditions for which you would like us to be aware? _____

Please add any additional comments or elaborate on anything you would like us to
know. For example, do you have any children or pets that will need assistance if you
are having difficulty? _____

Sign: _____ Date: _____

Do you currently have a completed Advance Directive on file? ____ YES ____ NO

Location: _____
