State of Vermont
Division of Disability and Aging Services
TBI Program

CARE CONFERENCE MINUTES

Client: _____ SSN: _____

Location: _____

Present: _____

_____

_____

1. Case Management

2. Rehabilitation

3. Community Support

4. Respite

5. Environmental and Assistive Technology

6. Next Meeting

Signature: _____ Date:_____
Case Manager

Signature: _____ Date: _____
Recipient/Guardian