



# **Stanislaus County**

## **Mental Health Services Act**

Community Services and Supports  
MHSA Housing Application  
**Supportive Services Plan**

May 2008



































Stanislaus County Behavioral Health & Recovery Services

800 Scenic Drive, Modesto, CA 95350  
209 525-6225 fax 209-525-6291  
www.stanislausmhsa.com

**Mental Health Services Act/Proposition 63**  
**Housing Program Application – Program Overview and Supportive Services Plan**  
**30 Day Public Comment Form**  
May 28, 2008 – June 26, 2008

PERSONAL INFORMATION (optional)

Name: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

MY ROLE IN THE MENTAL HEALTH COMMUNITY

Consumer/Service Recipient  
 Family Member  
 Education  
 Social Services

Service Provider  
 Law Enforcement/Criminal Justice  
 Probation  
 Other (specify) \_\_\_\_\_

WHAT DO YOU SEE AS THE STRENGTHS OF THE PROPOSED PLAN?

IF YOU HAVE CONCERNS ABOUT THE PROPOSED PLAN, PLEASE EXPLAIN.