Individualized Service Plan

INDIVIDUALIZED SERVICE PLAN

Name: _____ Date: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Address: _____

Phone number: _____ Email: _____

Social Worker: _____

RELEVANT HISTORY AND BACKGROUND

Incarceration History (include DOC # if known)

Biological

Psychological

Social, Spiritual, Cultural

Financial

Other Services Used

TREATMENT GOALS

Strengths (Strengths and resources that participant brings to treatment ie. character strengths, social supports, material supports, etc.)

Goal #1:

Objective 1:

Objective 2:

Objective 3:

Goal #2:

Objective 1:

Objective 2:

Objective 3:

Goal #3:

Objective 1:

Objective 2:

Objective 3:

PROGRESS AND OUTCOMES TRACKING

Goal #1:

Goal #2:

Goal #3:

TREATMENT CONTRACT

Time, Duration, and Frequency of Sessions

Additional Notes

SIGNATURES

Participant:

Date: _____ dd / mm / yyyy

Social Worker:

Date: _____ dd / mm / yyyy

Supervisor:
Date: _____ dd / mm / yyyy