|  |
| --- |
| Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Admit Date: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Initial Plan: [ ]  Update: [ ]  Next Updater Due: \_\_\_\_\_\_ Diagnosis/DSM Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Index of Problems/Barriers: 1) Alcohol and Other Drug Use 2) Physical Health 3) Employment/Education* *4) Financial 5) Legal Status 6) Housing 7) Family 8) Social/Community 9) Mental Health* |
| **Index #** | **Date ID’d** | **Goal** | **Strengths** | **Barriers/Problem Statement** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Objectives** | **Interventions** | **Target****Due Date** | **Completion****Date** |
| Click here to enter text. | **Client Action Steps:**Click here to enter text. | **Staff Action Steps:**Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

|  |  |
| --- | --- |
|  | *Index of Problems/Barriers: 1) Alcohol and Other Drug Use 2) Physical Health 3) Employment/Education* *4) Financial 5) Legal Status 6) Housing 7) Family 8) Social/Community 9) Mental Health* |
| **Index #** | **Date ID’d** | **Goal** | **Strengths** | **Barriers/Problem Statement** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Objectives** | **Interventions** | **Target****Due Date** | **Target DaDate Date** |
| Click here to enter text. | **Client Action Steps:**Click here to enter text. | **Staff Action Steps:**Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

|  |  |
| --- | --- |
|  | *Index of Problems/Barriers: 1) Alcohol and Other Drug Use 2) Physical Health 3) Employment/Education* *4) Financial 5) Legal Status 6) Housing 7) Family 8) Social/Community 9) Mental Health* |
| **Index #** | **Date ID’d** | **Goal** | **Strengths** | **Barriers/Problem Statement** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Objectives** | **Interventions** | **Target****Due Date** | **Target DaDate Date** |
| Click here to enter text. | **Client Action Steps:**Click here to enter text. | **Staff Action Steps:**Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

|  |  |
| --- | --- |
|  | *Index of Problems/Barriers: 1) Alcohol and Other Drug Use 2) Physical Health 3) Employment/Education* *4) Financial 5) Legal Status 6) Housing 7) Family 8) Social/Community 9) Mental Health* |
| **Index #** | **Date ID’d** | **Goal** | **Strengths** |  |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |  |
| **Objectives** | **Interventions** | **Target Due Date** | **Target****Date** |
| Click here to enter text. | **Client Action Steps:**Click here to enter text. | **Staff Action Steps**:Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

Signatures

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Primary Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

|  |
| --- |
| Comments: Supervisor/Medical Director: Click here to enter text. |