

INDIVIDUALIZED SERVICES AND SUPPORT PLAN

Participant’s Name:

Enrollment Date:

Date of ISSP:

Long-term Vision:

Life Domains: ♦ Family ♦ Living Place ♦ Social Fun ♦ Mental Health ♦ School/Work ♦ Legal ♦ Medical ♦ Crisis/Safety ♦ Cultural ♦

STRENGTHS	DOMAIN	GOAL	STRATEGY	PERSON RESPONSIBLE	FREQUENCY

Strengths and Accomplishments:

Staff’s Signature_____

Staff Name, Credential

Participant’s Signature (optional): _____

Confidential