**Department of Health and Human Services**

**Adult Services**

**Adult and Family Service Plan**

Adult Name:

Case Number:  SIS ID #:

Date of Initiation of Service Plan:

This document serves multiple purposes. It:

* Compiles important information about the adult and their family, including their strengths and needs
* Documents how all participants will work together to achieve the identified goals and the progress toward those goals
* Meets requirements set forth in law, administrative code and policy

List Names of Others in Home and Caretakers:

**Strengths and Resources:**

Identify adult and family strengths:

What service(s) is/are being provided by the Adult Services Unit? Choose an item. Choose an item. Choose an item.

Explain if needed:

*Note: If Adult Protective Services are being provided, at a minimum there should be a goal for each essential need identified on the DSS-5026.*

**Services Received:**

Identify services in place for the adult and describe the adult’s use of those services:

Identify natural family supports, including extended family members. Specify current involvement of those supports:

**Adult’s Participation in Case Plan:**

Was the adult able to participate in the development of this Service Plan? If not, please describe barriers/limitations. If so, identify their input (concerns, desires)?

What is the Problem/Need?

What is the Goal?

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** **(by Adult/Family/Caretaker/Adult Protective Services Agency)** | **Who is Responsible** | **Target Date** | **Activity Progress Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Progress Towards Achieving the Goal:**

|  |  |
| --- | --- |
| 1st Review Status: Date  | Comments:  |
| [ ]  Goal Achieved in Full |
| [ ]  Goal No Longer Appropriate/Needed |
| [ ]  Goal Partially Achieved |
| [ ]  Goal Not Completed |
| 2nd Review Status: Date  | Comments:  |
| [ ]  Goal Achieved in Full |
| [ ]  Goal No Longer Appropriate/Needed |
| [ ]  Goal Partially Achieved |
| [ ]  Goal Not Completed |
| 3rd Review Status: Date  | Comments:  |
| [ ]  Goal Achieved in Full |
| [ ]  Goal No Longer Appropriate/Needed |
| [ ]  Goal Partially Achieved |
| [ ]  Goal Not Completed |

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**Plan Initiation Signatures**

|  |  |  |
| --- | --- | --- |
| **Role in Case** | **Signature** | **Date** |
| Social Worker |   |  |
| Adult (Client) |   |  |
| Caregiver/Family Member/Others (Describe) |  |  |

Date copy provided to adult:

**1st Review Signatures**

|  |  |  |
| --- | --- | --- |
| **Role in Case** | **Signature** | **Date** |
| Social Worker |  |  |
| Adult (Client) |  |  |
| Caregiver/Family Member/Others (Describe) |  |  |

Date copy provided to adult:

**2nd Review Signatures**

|  |  |  |
| --- | --- | --- |
| **Role in Case** | **Signature** | **Date** |
| Social Worker |  |  |
| Adult (Client) |  |  |
| Caregiver/Family Member/Others (Describe) |  |  |

Date copy provided to adult:

**3rd Review Signatures**

|  |  |  |
| --- | --- | --- |
| **Role in Case** | **Signature** | **Date** |
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