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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DDAP-EFM-1008 Rev. 1/16 | | | **Case Management Service Plan** | | | | | | **Provider Location:**  **Provider Name:**  **DDAP License #:** | | | |
| **UCN:** |  | | | |  | | Date: |  | |  | | |
| **First Name:** | |  | | M.I.: | |  | **Last Name:** |  | | Suffix: |  |  |
|  | | | | | | | | | | | | |

**For each of the following areas, please indicate the individual’s need(s) and recommended level(s) of assistance.**

| **Need** | **Area of Assistance** | | **Date Consent Completed** |
| --- | --- | --- | --- |
|  | HEALTHCARE COVERAGE - i.e. MA, Healthcare Market Place, Veteran’s Benefits, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **BASIC NEEDS -** i.e., assistance with meeting basic needs such as food, clothing, and transportation, assistance with getting client into a healthy recovery environment, referral to housing agencies, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **PHYSICAL HEALTH -** i.e., medication management, pressing medical issues needing attention, pregnancy testing, pre-natal care, TB assessment, HIV/AIDS, Hepatitis, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **EMOTIONAL/MENTAL HEALTH -** i.e., mental health referral, psychotropic medication management; co-occurring referral, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **FAMILY -** i.e., counseling, education, resources, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **CHILD CARE -** i.e., assisting client with: child custody/visitation and/or childcare arrangements, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **LEGAL STATUS -** i.e., referral for legal assistance, communication skills when dealing with probation/ parole, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | EDUCATION /VOCATION - i.e., GED, tutoring, English as a Second Language (ESL) Office of Vocational Rehabilitation (OVR) etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **LIFE SKILLS -** i.e., assistance with cooking, cleaning, grocery shopping, paying bills in a timely manner, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **SOCIAL -** i.e., develop healthy leisure activities, develop social skills, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
|  | **EMPLOYMENT -** i.e., job search assistance, job training, résumé writing, Career Link, etc. | |  |
| Comments: | **Action Step:** | | |
| **60 Day Update:** | | |
| **120 Day Update:** | | |
| Additional Comments: | |  | |