| INDIVIDUAL PLAN – CINS/FINS | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Residential  Non-Residential | | | | | | | | | | | | | | | | | |
| Participant Name: | | | |  | | | | | | Participant #: | |  | | | | | |
| Counselor Name: | | | |  | | | | | | Program: | |  | | | | | |
| Intake Date: | |  | | Plan  Initiated  Date: |  | | **Plans Must Be Reviewed Every 30 Days** | | | | |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | |
| **SERVICES** | | | | | | | | | | | | | | | | | |
| Type of Services | | | | | | Frequency / Duration | | Location | | Participant / Family / Staff /  Program Responsible | | | | | | | |
|  | | | | | |  | |  | |  | | | | | | | |
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|  | | | | | |  | |  | |  | | | | | | | |
| Px strengths, needs, abilities and preferences (SNAP): | | | | | | | | | | | | | | | | | |
| **S.** | |  | | | | | | | | | | | | | | | |
| **N.** | |  | | | | | | | | | | | | | | | |
| **A.** | |  | | | | | | | | | | | | | | | |
| **P.** | |  | | | | | | | | | | | | | | | |
| Discharge Criteria/Transition Information: (critical goals to be met, or gains to be made before discharge from the program) | | | | | | | | | | | | | | | | | |
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| INDIVIDUAL PLAN – CINS/FINS | | | | | | | | |
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| Participant Name: | |  | | | Participant #: | |  | |
|  | | | | | | | | |
| Prioritized Issue: (1 per page, # issues 1,2,3 in priority order.) | | | | | | | | |
|  | | | | | | | | |
| Goal(s): (1,2,3, etc.) | | | | | | | | |
|  | | | | | | | | |
| Individual Plan Objectives | | | | | | | | |
| Goal  # | Objective(s) (A, B, C, etc.)  (Measurable, achievable, time specific behavioral objectives to be achieved by the participant and appropriate to the service setting.) | | Specific Type of Interventions | Date  Begun | | Target Date(s) to be Completed | | Date  Completed |
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| INDIVIDUAL PLAN – CINS/FINS | | | |
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| Participant Name: |  | Participant #: |  |

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| Please Check and Date: | New Plan | |  | | Plan Updated | |  |  | |
| **I helped in the development of and agree with this plan, and have been offered a copy.** | | | | | | | | |  |
| Participant’s Signature | | | | | | | | | Date |
|  | | | | | | | | |  |
| Parent or Guardian | | | | | | | | | Date |
|  | | | | | | | | |  |
| Counselor/Case Manager’s Signature/Title | | | | | | | | | Date |
|  | | | | | | | | |  |
| Supervisor’s Signature/Title | | | | | | | | | Date |
| Please Check and Date: | Plan Reviewed | | |  | |  | | | |
| **I helped in the development of and agree with this plan, and have been offered a copy.** | | | | | | | | |  |
| Participant’s Signature | | | | | | | | | Date |
|  | | | | | | | | |  |
| Parent or Guardian | | | | | | | | | Date |
|  | | | | | | | | |  |
| Counselor/Case Manager’s Signature/Title | | | | | | | | | Date |
| Please Check and Date: | Plan Reviewed | | |  | |  | | | |
| **I helped in the development of and agree with this plan, and have been offered a copy.** | | | | | | | | |  |
| Participant’s Signature | | | | | | | | | Date |
|  | | | | | | | | |  |
| Parent or Guardian | | | | | | | | | Date |
|  | | | | | | | | |  |
| Counselor/Case Manager’s Signature/Title | | | | | | | | | Date |
| Please Check and Date: | | Plan Reviewed | |  | |  | | |  |
| **I helped in the development of and agree with this plan, and have been offered a copy.** | | | | | | | | |  |
| Participant’s Signature | | | | | | | | | Date |
|  | | | | | | | | |  |
| Parent or Guardian | | | | | | | | | Date |
|  | | | | | | | | |  |
| Counselor/Case Manager’s Signature/Title | | | | | | | | | Date |