

Person-Centered Service Plan Template

Name	April T.	Date of Birth	01/16/2009
Address	Pueblo Women's Shelter		
Phone Number	867-5309	Preferred Language	English
Email Address	n/a		
Admission Date	1/18/2024		
Treatment Plan Date	1/18/2024		
Review Date			
Review Date			

If you have a question or a problem regarding your services, call your Care/Case Manager:

- Sasha Fierce

Participating in treatment plan development:

- April, Stacey Jones, Sasha Fierce, Case Manager

Preferences and Strengths

Use this section to describe the person's preferences and strengths.

Preferences

<i>Ask the person about the things they like and dislike. Input their responses as well as any other known preferences of the person. Include any preferences they may have for the delivery of their services.</i>
April- I liked sports before I was injured. I enjoy reading and playing board games. I love animals and children, which was why I wanted to study education.

Strengths

<i>Ask the person about the things they're good at. Input their responses as well as any other known strengths of the person.</i>
April – People say I am kind, sometimes too kind for my own good. I like to help other people, as there is always someone in worse shape than myself. I know I am smart and can finish school and be a good mother if I can just get back on my feet.

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In accordance with Person-Centered Service Planning Guidelines

Goals/Desired Outcomes

Use the space below to identify the person's health care and social goals/desired outcomes. Goals may be long-term or short-term with measurable outcomes. Where applicable, indicate which unmet service need the goal ties into. Include strategies to achieve desired outcome. (Add boxes for additional outcomes as needed.)

Long-Term Goal	"I want to find a job and a place to live."
Where I'm at	"I need to sober up and get some clean time. I don't have much experience working and no income. I would like to finish college but first I need to just get some income and safe place to live."

Description of Services

Identify services the person is currently receiving.

Short-Term Goal	<ul style="list-style-type: none"> "I want to get clean. I don't want to die or live like this anymore." April will begin to identify triggers and coping mechanisms.
Identifying Need	"I know anxiety is a trigger and so is guilt. I need to be able to find healthier ways of dealing with these feelings instead of going numb."
Intervention and Frequency	<ul style="list-style-type: none"> ASAM 3.5 treatment

Short-Term Goal	<ul style="list-style-type: none"> "I want to have a relationship with my parents and my daughter." April will begin effort toward family reunification.
Identifying Need	"My parents lost trust in me although they did occasionally send me money. I haven't seen my daughter in a long time"
Intervention and Frequency	<ul style="list-style-type: none"> Family visits while in ASAM 3.5 treatment ASAM 3.5 treatment, including Supporting Your Child's Development classes

Short-Term Goal	<ul style="list-style-type: none"> "I want to get a job to be able to get housing and get my daughter back." April will begin exploring employment options.
Identifying Need	"I don't really have any skills but am ready to do anything to get my life back on track."
Intervention and Frequency	<ul style="list-style-type: none"> Prevocational groups as a part of ASAM 3.5 programming Explore housing options, especially resources for pregnant and parenting individuals in recovery. Support completion of housing assistance applications

Short-Term Goal	<ul style="list-style-type: none"> "I want to have a healthy baby." April will engage in treatment interventions that support healthy pre-natal development.
Identifying Need	"I haven't had any well baby checks or any doctor appointments. I'm still using and know that's not good for the baby, and I want to get on buprenorphine again. That was helpful"

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	when I was pregnant with my daughter.
Intervention and Frequency	<ul style="list-style-type: none">• Coordinate appointment with OB/GYN through ASAM 3.5.• Psychiatric evaluation for withdrawal management supports and initiate medication assisted treatment.• ASAM 3.5 programming, to include Healthy Mom, Healthy Baby psychoeducation classes and peer support services.

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Unmet Service Needs

Identify any services the person needs but does not have.

Service Need	n/a		
Justification for Service			
Reason Need is Unmet			
Plan to Address Need			
Service Need	n/a		
Justification for Service			
Reason Need is Unmet			
Plan to Address Need			

Informal Supports

Identify unpaid supports and their relationship to the person.

Name	John and Judy T		
Relationship/Title	April's parents	Contact Information	777-999-8888
Service(s) Provided/Support Role	April's parents are willing to be supportive of April as long as she is working on her sobriety.		
Consent in place?	Yes, consent in place		

Name			
Relationship/Title			
Service(s) Provided/Support Role			
Consent in place?			

Initial Plan Signatures

Name	Role	Date
April T.	Client	1/18/2024
Stacey Jones	LCSW CAADC	1/18/2024
Sasha Fierce	Case Manager	1/18/2024