

RYAN WHITE CASE MANAGEMENT INDIVIDUALIZED SERVICE PLAN

The purpose of the individualized service plan is to create goals, action steps, and timeframe for achievement. Case managers and clients will work together to develop the individualized service plan annually and review and update it every six months.

Client Legal Name: _____

Client Date of Birth: ____/____/____

Case Manager Name: _____

Case Manager Phone Number: _____

Date of ISP Development: ____/____/____

Date of ISP Review: ____/____/____

Target Functional Areas *(Check all that apply.)*

- | | | |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Basic Needs | <input type="checkbox"/> <input type="checkbox"/> Oral Health | <input type="checkbox"/> <input type="checkbox"/> Safety |
| <input type="checkbox"/> <input type="checkbox"/> Housing | <input type="checkbox"/> <input type="checkbox"/> Health Insurance | <input type="checkbox"/> <input type="checkbox"/> Support System |
| <input type="checkbox"/> <input type="checkbox"/> Medical Needs | <input type="checkbox"/> <input type="checkbox"/> Financial Planning/Counseling | <input type="checkbox"/> <input type="checkbox"/> Sexual Health Reduction |
| <input type="checkbox"/> <input type="checkbox"/> Care and Medication Adherence | <input type="checkbox"/> <input type="checkbox"/> Transportation | <input type="checkbox"/> <input type="checkbox"/> Knowledge of HIV Disease |
| <input type="checkbox"/> <input type="checkbox"/> Mental Health | <input type="checkbox"/> <input type="checkbox"/> Language & Literacy | <input type="checkbox"/> <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> <input type="checkbox"/> Developmental Disability | |

Client Agreement

I have helped make this plan. I understand that I am responsible for parts of this plan. My case manager has explained this plan to me. I agree to follow this plan and to tell my case manager if anything changes.

_____/_____/_____
Printed Name *Signature* *Date*

Review: _____/_____/_____
Signature *Date*

Case Manager Verification

By signing this form, I verify that I have developed, explained, and reviewed this plan with the client.

_____/_____/_____
Printed Name *Signature* *Date*

Review: _____/_____/_____
Signature *Date*

Active Goals

#		
What functional area will be addressed?		
Over the next six months, what goal will address the functional area?		
What action steps will the <u>client</u> take to achieve the goal?	What is the timeframe for each action step to be completed by the <u>client</u> ?	
What action steps will the <u>case manager</u> take to assist the client achieve the goal?	What is the timeframe for each action step to be completed by the <u>case manager</u> ?	
What is the target date for the goal to be achieved? ____/____/____		
Summarize the progress towards meeting the goal:		
Was the goal achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Over the next six months, what goal will address the functional area? NA <input type="checkbox"/> Same <input type="checkbox"/> Updated <input type="checkbox"/> :		
What action steps will the <u>client</u> take to achieve the goal? NA <input type="checkbox"/> Same <input type="checkbox"/> Updated <input type="checkbox"/> :	What is the timeframe for each action step to be completed by the <u>client</u> ?	
What action steps will the <u>case manager</u> take to assist the client achieve the goal? NA <input type="checkbox"/> Same <input type="checkbox"/> Updated <input type="checkbox"/> :	What is the timeframe for each action step to be completed by the <u>case manager</u> ?	
What is the target date for the goal to be achieved? ____/____/____		

Deferred Goals

1.	Functional Area:	What is the reason the goal for the functional area will be deferred? <input type="checkbox"/> Client Declined <input type="checkbox"/> Lower Priority <input type="checkbox"/> Other: _____ _____
	Summarize the progress towards moving deferred goal to active status:	What is the status of the functional area: <input type="checkbox"/> Remain Deferred <input type="checkbox"/> Move to Active Goal <input type="checkbox"/> NA
2.	Functional Area:	What is the reason the goal for the functional area will be deferred? <input type="checkbox"/> Client Declined <input type="checkbox"/> Lower Priority <input type="checkbox"/> Other: _____ _____
	Summarize the progress towards moving deferred goal to active status:	What is the status of the functional area: <input type="checkbox"/> Remain Deferred <input type="checkbox"/> Move to Active Goal <input type="checkbox"/> NA
3.	Functional Area:	What is the reason the goal for the functional area will be deferred? <input type="checkbox"/> Client Declined <input type="checkbox"/> Lower Priority <input type="checkbox"/> Other: _____ _____
	Summarize the progress towards moving deferred goal to active status:	What is the status of the functional area: <input type="checkbox"/> Remain Deferred <input type="checkbox"/> Move to Active Goal <input type="checkbox"/> NA
4.	Functional Area:	What is the reason the goal for the functional area will be deferred? <input type="checkbox"/> Client Declined <input type="checkbox"/> Lower Priority <input type="checkbox"/> Other: _____ _____
	Summarize the progress towards moving deferred goal to active status:	What is the status of the functional area: <input type="checkbox"/> Remain Deferred <input type="checkbox"/> Move to Active Goal <input type="checkbox"/> NA
5.	Functional Area:	What is the reason the goal for the functional area will be deferred? <input type="checkbox"/> Client Declined <input type="checkbox"/> Lower Priority <input type="checkbox"/> Other: _____ _____
	Summarize the progress towards moving deferred goal to active status:	What is the status of the functional area: <input type="checkbox"/> Remain Deferred <input type="checkbox"/> Move to Active Goal <input type="checkbox"/> NA