|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Youth Name: | Click or tap here to enter text. | | | JTI# | | Click or tap here to enter text. | | |
| Age/DOB | Enter date. | | | YASI Date: | | Enter date. | | |
| CSU: | Click or tap here to enter text. | | | PO: | | Click or tap here to enter text. | | |
| **Provider & Service Information** | | | | | | | | |
| Agency/Provider: | | Click or tap here to enter text. | | | Month/Year: | | Click or tap here to enter text. | |
| Service Provided: | | Enter service type | | | Service Authorization: | | | Enter POSO dates. |
| Service Initiated: | | Click or tap to enter a date. | | | Service Plan Date: | | | Enter date. |
| Staff Name:  Credentials: | | Click or tap here to enter text. | | | Contact Information: | | | Enter text. |
| Has the assigned Staff or Supervisor changed during the last month?  Yes  No | | | | | | | | |
| **Dates of Services:** *Include dates, times, location, and participants, as applicable.* | | | Click or tap here to enter text. | | | | | |

|  |
| --- |
| **Case Coordination:** Include contact dates and type with CSU, family, and other providers or systems  Click or tap here to enter text.  **Quick Overview:** Please check or note if any of the following have occurred during the month  Youth/family attended all scheduled sessions  Youth is progressing towards Treatment Goals  Family engaged in service  New natural support identified (add details here)  Youth is enrolled or attending school  Youth is employed: (add details here)  Youth is connected to an extra-curricular or school activity: (add details here)  Relapse Prevention Plan created/revised: add date here  *Copy provided to youth/family and CSU*  Safety Plan implemented/revised: add date here  *Copy provided to youth/family and CSU*  Serious Incident Report (SIR) submitted: add date here  New recommendations or treatment needs identified  Discharge Planning Meeting add date here |

## **Progress on Identified Goals:** Include current progress on goals and objectives identified in the Service Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal:** | Click or tap here to enter text. | | | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Aggression/Violence | **Objectives:** | * Click or tap here to enter text. | | |
| **Progress and Activities:** | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal:** | Click or tap here to enter text. | | | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Choose an item. | **Objectives:** | * Click or tap here to enter text. | | |
| **Progress and Activities:** | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal:** | Click or tap here to enter text. | | | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Choose an item. | **Objectives:** | * Click or tap here to enter text. | | |
| **Progress and Activities:** | Click or tap here to enter text. | | | | |

|  |
| --- |
| **Recommendations or Revisions:** |
| Click or tap here to enter text. |

|  |
| --- |
| **Discharge Summary (section completed only if the youth is discharged during the reporting month)** |
| Discharge Date: Select date  Discharge Type:  Completed service  Did not complete service  Service Progress:  Met ALL goals  Met SOME goals  DID NOT meet goals  Reason/ Details: \_\_\_\_\_\_\_ |
| Aftercare/ Discharge Recommendations: Type info |

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and credentials*

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and credentials*