|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Youth Information** | | | | | | | | | | | |
| Youth Name: | | | Click or tap here to enter text. | | | | | | JTI# | Click or tap here to enter text. | |
| Age/DOB: | | (age text.) Enter date. | | | | | | YASI Date: | | | Enter date. |
| CSU: | ## | | | 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: Enter service type Service Authorization: Enter POSO dates. | | | | | | | | | | | |
| Service Start Date: Click to enter a date. | | | | | | | Service Plan Date: Enter date. | | | | |
| Staff Name, Credentials: 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, locations, and participants, as applicable

Click or tap here to enter text.

**Case Coordination** Include contact dates and types with CSU, family, and other providers or systems

Click or tap here to enter text.

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| **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

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

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

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

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| **Recommendations, Revisions, and Discharge Planning** |
| *Anticipated* Discharge Date: Select date  Click or tap here to enter text. |

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| **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: Click or tap here to enter text. |
| Aftercare/Discharge Recommendations: Click or tap here to enter text. |

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

*Include Name and Credentials*

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

*Include Name and Credentials*