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| **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 serviceService Progress: [ ]  Met ALL goals [ ]  Met SOME goals [ ]  DID NOT meet goalsReason/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*