

UC Basic Information

First Name:

Last Name:

AKA:

Status:

Date of Birth:

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Admitted Date:

Individual Service Plan

Case Manager:

Clinician:

Mandatory Services

Service	Task	Frequency	Start Date	End Date	Person Responsible
Orientation	Program Orientation	One Time			
Assessment	UC Assessment	One Time			
Medical	Medical Exam w/in 48 Hours of Admission	One Time			
Education	Assessment	One Time			
	Plan	One Time			
	Classes	Daily			
Recreation and Leisure	Large Muscle Activity and Leisure Time	1 hour of each/weekday; 5 hours total/weekends			
Individual Counseling	Session	Once Weekly			
Group Counseling	Session	Twice weekly (or once weekly with community meeting)			
Access to Religious Services	Attendance	Up on request			
Case Management	Discharge Planning; Family Reunification	Ongoing Once weekly meetings with UAC for updates			
Legal Orientation	KYR Presentation; Legal Screening	One Time each			
Vocation	Training and Activities	Once weekly			

Other Services

Service	Tasks	Frequency	Start Date	End Date	Person Responsible
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Certificate

Signature: _____

Date: _____

Print Name: _____

Title: _____