UC Basic Information											
First Nar	ne:										
Last Nan											
Last Ivali	ic.										
AKA:											
Status:											
Date of Birth:						Gender:					
A No.:						LOS:					
Age:							Current Program:				
Country of Birth:							Admitted Date:				
	Individual Service Plan										
Case Ma	anager:										
Cliniciar											
Mandat	ory Serv	ices									
	Service		Task	Fre	quency	Start Date	End Date	Person Res	ponsible		
	Orientation		<b>Program Orientation</b>	One	Time						
	Assessment		UC Assessment	One	e Time						
	Medical		Medical Exam w/in 48 Hour	rs of One	Time						
			Admission								
	Education		Assessment	One	Time						
			Plan	One	Time						
			Classes	Dai	ly						
	Recreation and Leisure		Large Muscle Activity and Le	eisure 1 h	our of						
			Time	eac	h/weekday;						
				5 h	ours						
				tota	al/weekends						
	Individual Counseling Session		Session	One	e Weekly						
	Group Counceling  Session  Twice weekly once once weekly once once weekly once once once once once once once once		Session	Twi	ce weekly (or						
				onc	e weekly with						
				con	nmunity						
				me	eting)						
			Attendance	Up	on request						
			Discharge Planning; Ongoing								
			One	e weekly							
			me	etings with							
				UAG	C for updates						
			e Time each								
			Legal Screening								
	Vocation Training and Activities			One	e weekly						
Other Services											
		Service	Tasi	sks			Frequency		Start Date	End Date	Person Responsible
Certifica	ite										
Signature:					Date:						
Print Name:						Title:					

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