

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;                     | Ongoing  |            |          |                    |
|                              | Family Reunification                    | 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 |
|---------|-------|-----------|------------|----------|--------------------|
|---------|-------|-----------|------------|----------|--------------------|

Certificate

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_