

# Individual Service Plan (Form S-13)

## Data Entry Window

New Admission Assessment: Individual Service Plan

Information

Assessment ID \* Admission

\* Assessment Status

System Information

Submitted DateTime

## Individual Service Plan Page – Basic Information Tab

Admission Assessment **Individual Service Plan**

Assessment ID: Assessment-00000076    Admission: [Entry-00001026](#)    UAC

**UAC Basic Information**

A #	AKA	Gender
DOB	Age	COB
Status	Current Program	Admitted DateTime
LOC	LOS	Gender Other

**Basic Information**   Documents   Certification

**Individual Service Plan Basic Information**

Case Manager     Clinician

**Pending**   Submitted

Assessment Status: Pending

Mandatory Services (3) <span style="float: right;">New </span>						
Service ID	Service	Task	Frequency	Start Date	End Date	Person Resp...

Other Services (0) <span style="float: right;">New </span>						

OMB 0970-0553 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document all services provided to the UAC. Public reporting burden for this collection of information is estimated to average 0.33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

UAC-S-12 [Rev. MM/DD/YYYY]

## Mandatory Services Data Entry Window

New Contract: Mandatory

Service Information

Contract Number	Individual Service Plan	<input type="text" value="Assessment-00000076"/>
* Service	* Entity Name	<input type="text" value="--None--"/>
* Task	Notes	<input style="width: 100%;" type="text"/>
* Person Responsible	<input style="width: 100%;" type="text"/>	

Dates

* Contract Start Date	Contract End Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* Frequency	<input style="width: 100%;" type="text"/>

## Other Services Data Entry Window

New Contract: Optional

### Service Information

Contract Number

Individual Service Plan

Assessment-0000076

\* Service

--None--

\* Entity Name

\* Task

Notes

\* Person Responsible

### Dates

\* Contract Start Date

Contract End Date

\* Frequency

Cancel

Save & New

Save

## Individual Service Plan Page – Documents Tab

Basic Information **Documents** Certification

Documents (1) Refresh Add Documents

Title ↑	Original ... ↓	Record T... ↓	Other Do... ↓	Descripti... ↓	Date Rec... ↓	Created By ↓	Created ... ↓
1							

Pending Submitted

Assessment Status: Pending

✓ Mark Assessment Status as Complete

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## Documents Data Entry Window

Add File Details

Record Type

\*Title  Verified by Government Agency/Consulate  
--None--

\*Document Type  Entry  
--None-- Search Entries...

Date Document Issued (if applicable)  Individual  
 Search Profiles...

Date Received  Adult Contact Relationship  
 Search Adult Contact Relationshi

Expiration Date

Description

File 1 of 1 Save


# Individual Service Plan Page – Certification Tab

Basic Information Documents Certification

**Certification (Case Manager)**

\* List Team Members who Contributed to ISP



I confirm that I have completed all of the required sections and the information is accurate to the best of my knowledge.



\* Printed Name 

Title

\* Translator Name

\* Language

 **System Information** 

Created By	Last Modified By
Legacy Id 	Submitted DateTime 

Pending Submitted

Assessment Status: Pending

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