UC Basic Information											
First Nar	ne:										
Last Nar	ne:										
AKA:											
Status:											
Date of Birth:						Gender:					
A No.:						LOS:					
Age:					Current Program:						
Country of Birth:					Admitted Date:						
	Individual Service Plan										
Case Ma	se Manager:										
Clinician	n:										
Mandat	ory Serv	ices									
	Service		Task	Frequency	Start Date	End Date	Person Responsible	9			
	Orientat	ion	Program Orientation	One Time							
	Assessment		UC Assessment	One Time							
	Education Assessment Plan		Medical Exam w/in 48 Hours of	of One Time							
				One Time							
				One Time							
	Recreation and Leisure		Classes	Daily							
			Large Muscle Activity and Leis Time	each/weekday;							
				5 hours							
				total/weekends							
	Access to Religious Services At Case Management Di Fa		Session	Once Weekly							
			Session	Twice weekly (or							
				once weekly with							
				community							
				meeting)							
			Attendance	Up on request							
			Discharge Planning; Ongoing								
			Family Reunification	Once weekly							
				meetings with UAC for updates							
			KYR Presentation;	One Time each							
			Legal Screening	One time each							
	Vocation		Training and Activities	Once weekly							
Other Services											
		Service	Tasks			Frequency	Start [oate En	d Date	Person Responsible	
Certifica	ite										
		Signature:			Date:						
		Drint Name.			Title						

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