

ASP CLIENT SKILL ASSESSMENT AND SERVICE PLAN (CSASP)

(CSASP Should Be Fully Rewritten Annually)

CLIENT NAME:	DATE OF PLAN (WITHIN 30 DAYS OF ADMISSION):
ASP FACILITY NAME:	CHECK TYPE OF NEEDS & SERVICES PLAN: <input type="checkbox"/> ADMISSION <input type="checkbox"/> UPDATE (SIX MONTHS)

GOALS:

By the end of 6 months (from _____ to _____), I will be able to: (choose 1 to 2 most desired outcome/s for the **6-month period**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Get symptoms under control | <input type="checkbox"/> Improve social skills | <input type="checkbox"/> Other (Please specify):
_____ |
| <input type="checkbox"/> Find a better place to live | <input type="checkbox"/> Reduce side effects from my medications | _____ |
| <input type="checkbox"/> Learn the skills I need to live on my own | <input type="checkbox"/> Reduce use of alcohol &/or drugs | _____ |
| <input type="checkbox"/> Return to school | <input type="checkbox"/> Learn about my illness, how to recover, and how to avoid relapse | _____ |
| <input type="checkbox"/> Develop job skills and get a job | <input type="checkbox"/> Avoid having a relapse and having to go to the hospital | _____ |

CLIENT STRENGTHS AND ABILITIES RELATED TO GOAL:

- | | | |
|--|---|---|
| <input type="checkbox"/> Determined | <input type="checkbox"/> Gets along well with people | <input type="checkbox"/> Other (Please specify):
_____ |
| <input type="checkbox"/> Listens to suggestions | <input type="checkbox"/> Has previous work experience | _____ |
| <input type="checkbox"/> Seeks help when needed | <input type="checkbox"/> Had been to school and studied/finished
_____ | _____ |
| <input type="checkbox"/> Open to learn | | _____ |
| <input type="checkbox"/> Can express thoughts and feelings | | _____ |

BARRIERS, BEHAVIORS, SYMPTOMS OR OBSTACLES TO GOAL ATTAINMENT:

- | | | |
|--|--|---|
| <input type="checkbox"/> Difficulty coping with symptoms | <input type="checkbox"/> Trouble getting along with people | <input type="checkbox"/> Other (Please specify):
_____ |
| <input type="checkbox"/> Difficulty managing side effects of medications | <input type="checkbox"/> Not enough money | _____ |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Drinking too much | _____ |
| <input type="checkbox"/> No contact with family | <input type="checkbox"/> Using alcohol and/or street drugs | _____ |
| <input type="checkbox"/> Few or no friends | | _____ |

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	Skills Needed	Objectives to reach the stated Goal/s	Strategy/ies	Services provided by Facility		Status <i>(Include Date & Initials)</i>	
				Activities	Frequency	6-Month Update (ENTER STATUS AT END OF REPORTING PERIOD)	6-Month Update (ENTER STATUS AT END OF REPORTING PERIOD)
Social & Interpersonal Skills				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
Independent Living Skills				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
Mental Health Skills				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued

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				Activities	Frequency	6-Month Update (ENTER STATUS AT END OF REPORTING PERIOD)	6-Month Update (ENTER STATUS AT END OF REPORTING PERIOD)
Sobriety Skills				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
Money Management				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued
Physical Health & ADL				<input type="checkbox"/> One on one _____ _____ <input type="checkbox"/> Group _____ _____ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued

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				Activities	Frequency	6-Month Update	6-Month Update
Utilized Community Resources / Socialization				<input type="checkbox"/> One on one <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div> <input type="checkbox"/> Group <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: <div style="border-bottom: 1px solid black; width: 80%; margin: 2px 0;"></div>	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued	<input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued

ASP Client Skill Assessment and Service Plan at Admission:

ASP Facility Staff _____ Date _____ Client _____ Date _____

County or County Contracted Case Mgr. _____ Date _____

6-Month Update ASP Skill Assessment and Service Plan Update:

ASP Facility Staff _____ Date _____ Client _____ Date _____

County or County Contracted Case Mgr. _____ Date _____

6-Month Update ASP Skill Assessment and Service Plan Update:

ASP Facility Staff _____ Date _____ Client _____ Date _____

County or County Contracted Case Mgr. _____ Date _____