ASP CLIENT SKILL ASSESSMENT AND SERVICE PLAN (CSASP) (CSASP Should Be Fully Rewritten Annually)

CL	IENT NAME:		DATE OF PLAN (WITHIN 30 DAYS OF ADMISSION):			
AS	P FACILITY NAME:		CHECK TYPE OF NEEDS & SERVICES PLAN:			
				☐ ADMISSION		☐ UPDATE (SIX MONTHS)
GOA	LS:					
By th	e end of 6 months (from to), I will be able to: (ch	oose 1 to 2 most desire	d out	come/s for the 6-month period)
	Get symptoms under control		Improve social skills			Other (Please specify):
	Find a better place to live		Reduce side effects from	om my medications		
	Learn the skills I need to live on my own		Reduce use of alcoho	&/or drugs		
	Return to school		Learn about my illness	s, how to recover, and		
	Develop job skills and get a job		how to avoid relapse ☐ Avoid having a relapse and having to go to the hospital			
CLIE	INT STRENGTHS AND ABILITIES REL	ATED	TO GOAL:			
	Determined		Gets along well with p	eople		Other (Please specify):
	Listens to suggestions		Has previous work exp	perience		
	Seeks help when needed		Had been to school ar	nd studied/finished		
	Open to learn					
	Can express thoughts and feelings					
BAR	RIERS, BEHAVIORS, SYMPTOMS OR (OBST	ACLES TO GOAL AT	TAINMENT:		
	Difficulty coping with symptoms		Trouble getting along			Other (Please specify):
	Difficulty managing side effects of medications		Not enough money			
	Shy		Drinking too much			
	No contact with family		Using alcohol and/or s	treet drugs		
	Few or no friends					

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	Skills Needed	Objectives to reach the stated Goal/s	Strategy/ies	Services prov	ided by Facility	Status (Include Date & Initials)		
				Activities	Frequency	6-Month Update	6-Month Update	
						(ENTER STATUS AT END OF REPORTING PERIOD)	(ENTER STATUS AT END OF REPORTING PERIOD)	
Skills				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
nal S					□ Weekly	□ Not achieved	□ Not achieved	
ersol				☐ Group	☐ Monthly	□ Continued	□ Continued	
ıterp					☐ Other:	□ Discontinued	□ Discontinued	
8 2								
Social & Interpersonal								
				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
g Ski					☐ Weekly	□ Not achieved	□ Not achieved	
Livin				☐ Group	☐ Monthly	□ Continued	□ Continued	
dent				Group	☐ Other:	□ Discontinued	□ Discontinued	
Independent Living Skills								
Inde								
				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
kills					☐ Weekly	□ Not achieved	□ Not achieved	
Mental Health Skills				☐ Group	☐ Monthly	□ Continued	□ Continued	
				Э Огоар	☐ Other:	□ Discontinued	☐ Discontinued	
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				Activities	Frequency	6-Month Update	6-Month Update	
						(ENTER STATUS AT END OF REPORTING PERIOD)	(ENTER STATUS AT END OF REPORTING PERIOD)	
				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
<u>8</u>					☐ Weekly	□ Not achieved	□ Not achieved	
/ Skil				☐ Group	☐ Monthly	☐ Continued	□ Continued	
Sobriety Skills				Gloup	☐ Other:	☐ Discontinued	□ Discontinued	
Sok								
				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
nent					☐ Weekly	■ Not achieved	□ Not achieved	
agen					☐ Monthly	□ Continued	□ Continued	
Man				☐ Group	☐ Other:	□ Discontinued	☐ Discontinued	
Money Management								
Σ								
				☐ One on one	☐ Daily	☐ Achieved	☐ Achieved	
& ADI					☐ Weekly	□ Not achieved	☐ Not achieved	
Physical Health & ADL				☐ Group	☐ Monthly	□ Continued	☐ Continued	
He.				ч біоцр	☐ Other:	□ Discontinued	☐ Discontinued	
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	Skills Needed	Skills Needed Objectives to reach the stated Goal/s		Services provided by Facility		Status (Include Date & Initials)		
				Activities	Frequency	6-Month Update	6-Month Update	
Utilized Community Resources / Socialization				One on one Group	□ Daily□ Weekly□ Monthly□ Other:	□ Achieved□ Not achieved□ Continued□ Discontinued	□ Achieved□ Not achieved□ Continued□ Discontinued	
Utilized (Resources					- Other.	D iscontinued	a biscontinued	
		ment and Service Plar	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		Date	
County or County Contracted Case Mgr.					_Date	-		