

Adult and Family Service Plan

Client: CJ

Case #: 1234

ID #: 9999

Date initiated: 3/19/2013

Initial Update Quarterly Reassessment

(Use additional sheets as necessary)

Checklist for Change (Problem/Need)	Check if APS Goal	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met
Client does not have enough money to pay monthly electric and water bills.	<input type="checkbox"/>	Client will maintain electric and running water in her home.	01/2014	SA-IH payment of \$96.00 will be used to assist with the cost of the monthly utility bill.	DSS SW/Client		
Client has unpaid balances for phone and water costs	<input type="checkbox"/>	Client will maintain access to telephone and running water in their residence.	5/2013	Partial payment of \$417 for SA-IH will be used to reconcile past due utility & telephone bills.	DSS SW/Client		
Client's rent payment is 70% of her income which results in failure to manage all monthly expenses.	<input type="checkbox"/>	Client will obtain more affordable housing.	1/2014	Client will apply for Targeted housing unit at Wellspring Apts. Client will follow necessary steps to terminate current lease when a targeted unit is available.	DSS SW/Client		
	<input type="checkbox"/>						

Checklist for Change (Problem/Need)	Check if APS Goal	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met
Client has difficulty preparing adequate and nutritious meals.	<input type="checkbox"/>	Client will maintain a good nutritional status and have meals available daily.	01/2014	Meals on Wheels will deliver one meal per day, 5 days per week. Family member will prepare 1 meal daily for the client. Family will prepare pre-cooked meals to store and reheat to supplement the home delivered meals. Family will assist client with weekly food shopping.	MOW Family members Client DSS		
Client lives alone and is at risk for falls due to frequent episodes of dizziness.	<input type="checkbox"/>	Client will be free of falls/injury and have improved and more timely access to emergency help.	01/2014	Family will assist client in paying monthly telephone bill to maintain access to a telephone for emergencies. Application for Lifeline services will be completed. SA-IH payment of \$30.00 per month will pay for the monthly charge for lifeline services. Medical appointment will be arranged with the client's physician to discuss episodes of dizziness and possible causes.	Family member DSS SW Client Family/Clientr		
	<input type="checkbox"/>						

	<input type="checkbox"/>						
Social Worker			Client			Other (optional)	
Date			Date			Date	