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| **Youth Information**  |
| Youth Name:  | Click or tap here to enter text. | JTI#  | Click or tap here to enter text. |
| Age/DOB  | Enter date. | YASI Date: | Enter date. |
| CSU: | Click or tap here to enter text. | PO: | Click or tap here to enter text. |
| **Provider & Service Information**  |
| Agency/Provider:  | Click or tap here to enter text. | Month/Year: | Click or tap here to enter text. |
| Service Provided: | Enter service type | Service Authorization:  | Enter POSO dates. |
| Service Initiated: | Click or tap to enter a date. | Service Plan Date: | Enter date. |
| Staff Name: Credentials: | Click or tap here to enter text. | Contact Information:  | Enter text. |
| Has the assigned Staff or Supervisor changed during the last month? [ ]  Yes [ ]  No |
| **Dates of Services:***Include dates, times, location, and participants, as applicable.* | Click or tap here to enter text. |

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|  **Case Coordination:** Include contact dates and type with CSU, family, and other providers or systemsClick or tap here to enter text.**Quick Overview:** Please check or note if any of the following have occurred during the month[ ]  Youth/family attended all scheduled sessions[ ]  Youth is progressing towards Treatment Goals [ ]  Family engaged in service [ ]  New natural support identified (add details here)[ ]  Youth is enrolled or attending school[ ]  Youth is employed: (add details here)[ ]  Youth is connected to an extra-curricular or school activity: (add details here)[ ]  Relapse Prevention Plan created/revised: add date here  [ ]  *Copy provided to youth/family and CSU*[ ]  Safety Plan implemented/revised: add date here  [ ]  *Copy provided to youth/family and CSU*[ ]  Serious Incident Report (SIR) submitted: add date here [ ]  New recommendations or treatment needs identified[ ]  Discharge Planning Meeting add date here  |

## **Progress on Identified Goals:** Include current progress on goals and objectives identified in the Service Plan

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| **Goal:** | Click or tap here to enter text. | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Choose an item. | **Objectives:** | * Click or tap here to enter text.
 |
| **Progress and Activities:** | Click or tap here to enter text. |

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| **Goal:** | Click or tap here to enter text. | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Choose an item. | **Objectives:** | * Click or tap here to enter text.
 |
| **Progress and Activities:** | Click or tap here to enter text. |

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| **Goal:** | Click or tap here to enter text. | Target Completion: | Add date. |
| **YASI Risk Factor Addressed:** | Choose an item. | **Objectives:** | * Click or tap here to enter text.
 |
| **Progress and Activities:** | Click or tap here to enter text. |

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| **Recommendations or Revisions:**  |
| Click or tap here to enter text. |

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| **Discharge Summary (section completed only if the youth is discharged during the reporting month)** |
| Discharge Date: Select date Discharge Type: [ ]  Completed service [ ]  Did not complete serviceService Progress: [ ]  Met ALL goals [ ]  Met SOME goals [ ]  DID NOT meet goalsReason/ Details: \_\_\_\_\_\_\_ |
| Aftercare/ Discharge Recommendations: Type info |

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and credentials*

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and credentials*