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**Planned Service(s)/Support(s) by Case Manager for Legal Needs:** \_\_\_\_\_

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**Action Plan for Educational Needs (if applicable):**

- Build self-advocacy to communicate learning style & academic needs
  - Communicate with case manager to identify/eliminate barriers
  - Demonstrate organizational & study skills to increase academic success
  - Develop strategies to enhance study skills
  - Investigate availability of financial aid and complete paperwork
  - Meet with guidance counselor/academic advisor to learn requirements
  - Participate in at least 1 extracurricular activity
  - Research resources to find additional supports
  - Work toward identifying perceived barriers to achieving educational goals (specify): \_\_\_\_\_
- 
- Collaborate with case manager in pursuing educational goals (specify): \_\_\_\_\_
- 
- Other (specify): \_\_\_\_\_

**Educational Needs – Progress (Check all that apply):**     Continuing             Met

Partially Met             Discontinued             Not Met

**Educational Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Educational Needs:** \_\_\_\_\_

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**Action Plan for Employment Needs (if applicable):**

- Actively engage in job searching by reviewing classified ads, internet, etc.
- Apply decision-making strategies for job-related issues
- Arrange for childcare necessary to work
- Collaborate with case manager to develop a resume and cover letter
- Define interests and abilities related to potential career/job opportunities
- Demonstrate skills for locating, applying, interviewing and maintaining work
- Discuss job-related concerns with case manager to identify/eliminate barriers
- Identify/resolve issues related to work performance & coworker relationships
- Secure and maintain satisfying employment
- Work toward finding employment that would be more supportive of recovery
- Other (specify): \_\_\_\_\_

**Employment Needs – Progress (Check all that apply):**     Continuing             Met

Partially Met             Discontinued             Not Met

**Employment Needs – Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Planned Service(s)/Support(s) by Case Manager for Employment Needs:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Plan for Financial Needs (if applicable):**

- Build skills to access community w/independence &/or specified level of support
- Develop a plan to meet expenses in the event of a crisis or unforeseen expenses
- Develop budgets to meet financial obligations and discretionary expenses
- Develop practical ways to augment income

- Identify strengths and needs in area of financial management
- Learn skills to utilize banking with checks, debit, etc.
- Promote stable environment necessary to meet monthly expenses
- Other (specify): \_\_\_\_\_

**Financial Needs – Progress (Check all that apply):**     Continuing     Met

- Partially Met             Discontinued             Not Met

**Financial Needs – Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Planned Service(s)/Support(s) by Case Manager for Financial Needs:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action Plan for Housing Needs (if applicable):**

- Build daily living skills for independent functioning at home, work and in community
- Learn to evaluate options for housing, e.g. cost and condition
- Obtain and maintain safe, affordable, permanent housing
- Take a more active role in maintenance of housing situation
- Use community resources for assistance and advocacy to get safe stable housing
- Work toward finding housing that is more of a support to recovery
- Work with case manager to identify and eliminate barriers
- Other (specify): \_\_\_\_\_

**Housing Needs – Progress (Check all that apply):**     Continuing     Met

- Partially Met             Discontinued             Not Met

**Housing Needs – Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
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**Planned Service(s)/Support(s) by Case Manager for Housing Needs:** \_\_\_\_\_

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**Action Plan for Transportation Needs (if applicable):**

- Acquire the necessary skills to access the community with independence
- Develop a plan to use natural supports to achieve transportation goals
- Get insurance
- Identify needed supports to increase mobility and community access
- Learn how to use bus system
- Make arrangements needed for appointments and scheduled activities
- Obtain/maintain a valid driving status
- Pay off fines in order to get driver's license
- Practice and take driving test
- Study for and take written driving test
- Take steps to obtain a safe and reliable vehicle
- Utilize community resources to meet transportation needs
- Other (specify): \_\_\_\_\_

**Transportation Needs – Progress (Check all that apply):**     Continuing     Met

Partially Met     Discontinued     Not Met

**Transportation Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Transportation Needs:** \_\_\_\_\_

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**Action Plan for AoD Needs (if applicable):**

- Attend all scheduled Case Management appointments
- Attend all scheduled counseling appointments
- Develop positive peer supports in order to increase chances of sobriety
- Identify barriers to scheduling/keeping AoD appointments
- Increase 12-step participation to reduce risk of relapse
- Obtain a sponsor
- Successfully develop a relapse prevention plan
- Other (specify): \_\_\_\_\_

**AoD Needs – Progress (Check all that apply):**     Continuing                       Met

Partially Met               Discontinued               Not Met

**AoD Needs – Comments:** \_\_\_\_\_

\_\_\_\_\_

**Planned Service(s)/Support(s) by Case Manager for AoD Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Plan for Medical Needs (if applicable):**

- Attend all scheduled medical appointments
- Identify barriers to scheduling/keeping medical appointments
- Obtain a primary care physician
- Schedule a needed doctor's appointment
- Other (specify): \_\_\_\_\_

**Medical Needs – Progress (Check all that apply):**     Continuing                       Met

Partially Met               Discontinued               Not Met

**Medical Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Medical Needs:** \_\_\_\_\_

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**Action Plan for Mental Health Needs (if applicable):**

- Attend all scheduled counseling appointments
- Attend all scheduled CPST Case Management appointments
- Identify barriers to scheduling/keeping mental health appointments
- Other (specify): \_\_\_\_\_

**Mental Health Needs – Progress (Check all that apply):**     Continuing             Met

Partially Met             Discontinued             Not Met

**Mental Health Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Mental Health Needs:** \_\_\_\_\_

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**Action Plan for Other Identified Areas of Need (if applicable):**

**Specify:** \_\_\_\_\_

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**Other Needs – Progress (Check all that apply):**     Continuing             Met

Partially Met             Discontinued             Not Met

**Other Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Other Needs:** \_\_\_\_\_

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**Frequency of CPST/Case Management Services:**    Weekly                       Every other week

Twice per month                       Monthly                       Other (specify): \_\_\_\_\_

**Did client accept a copy of CPST/Case Management Comprehensive Action Plan:**

No                       Yes

**This plan may be changed at any time with the agreement of the client and the case manager/supervisor**

**Client:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

**CPST/  
Case Manager:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

**Supervisor:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date