30 DAY PRELIMINARY SERVICE PLAN

(Must be completed within 30 days of enrollment)

Full Name of Participant _____

Scheduled days MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
Transportation provided by _____
Role of care giver or current living situation _____
Services being provided _____
Diet requirements _____

FIRST CHECK ALL THAT ARE APPLCIABLE TO PARTICPANT: THEN WRITE HOW YOU WILL ADDRESS THE PROBLEM AREAS CHECKED IN THE SERVICE PLAN SECTION.

PSYCHO-SOCIAL STATUS

Awareness Level **Personal care needs**

____Forgetful ____Angry/Combative
____Disoriented to person place time things
____Confused ____Often lost
____Loses belongings ____Depressed
_____Makes own decisions
____Possible wanderer ____Seizure possible
____Inappropriate behaviors of _____

_____Needs assistance with _____
_____
____Control of bowel & Bladder
____Requires physical assistance in BR
____Uses BR Id with verbal cues
____Uses BR Id with no cues

Service Plan:_____ Service Plan: _____
_____ _____
_____ _____
_____ _____

FUNCTIONAL STATUS

Ambulation ability **Transfer ability**

____Ambulates independently
____Ambulates with verbal location cues
____Ambulates with one ADCS assisting
____Uses gait belt and _____for ambulation
____Is Wheel chair dependent _____ID with use or

____Transfers Independently
____Needs one ADCS to assist
____Needs verbal cues to location etc.
____Needs two ADCS to assist
____Needs assistance to propel self

Service Plan:_____ Service Plan: _____
_____ _____

_____ _____

_____ _____

PHYSICAL STATUS AND MEDICAL HISTORY _____

_____

_____

_____

_____

SENSORY DEFICITS:

Vision: Plan: _____

Hearing: Plan: _____

Speech Plan: _____

communication ability Plan: _____

ACTIVITIES PLAN:

Interest current: _____

Past Interests _____

Service plan: _____

_____

_____

Care givers name: _____Role in service plan if any and update

Participants living situation: _____

_____

_____

_____

_____

_____

_____

_____

Additional notes/observations/Information:

_____

_____

_____

_____

_____

_____

Signature of representative of ADC Date