**Participant Name: Date of Birth:**

**Date of Completion:** **Date Next Review Due:**

**Participant Strengths:**

**Participant Supports:**

***Please prioritize needs below. Note that objectives must be measurable. Status reflects progress toward achievement.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criminogenic Need** | **Short-Term Objective** | **Long-Term Objective** | **Treatment Methods/ Resources** | **Status** |
| Attitude/Orientation or Antisocial Cognition |  |  |  |  |
| Emotional/Personal or Antisocial Personality |  |  |  |  |
| Companions or Antisocial Associates |  |  |  |  |
| Criminal History or History of Antisocial Behaviors |  |  |  |  |
| Alcohol/Drug Problems or Substance Abuse |  |  |  |  |
| Dysfunctional Family Relations or Family/Marital |  |  |  |  |
| Leisure/Recreation |  |  |  |  |
| Education/Employment |  |  |  |  |

***Please prioritize needs below. Note that objectives must be measurable. Status reflects progress toward achievement.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsivity Need** | **Short-Term Objective** | **Long-Term Objective** | **Treatment Methods/ Resources** | **Status** |
| Mental Health/Trauma Service |  |  |  |  |
| Physical Health |  |  |  |  |
| Transportation |  |  |  |  |
| Child Care |  |  |  |  |

\*There may be more responsivity issues that need to be identified and addressed.

***NOTE:*** *Case plans may be subject to modification at any time due to new information or emerging needs or priorities.*

**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  **Date:**

 **Case Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **Date:**

 **DOC Agent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Substance Abuse and Mental Health treatment providers will have their own specific treatment plans per their licensing requirements. Those treatment plans should be referenced in this case plan.