

SINGLE PLAN OF CARE

Strengths Assessment

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Youth/Family Name		Date	
Address/Telephone		ID #	
Care Coordinator/ Case Manager			
If this page is blank, please check, which of the following has been completed, and attach that form. ____Family Assessment CSSB ____Treatment/Rehab Plan			
Basic Needs			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Social Network			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Family			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Need/Risks:</u>	
Vocational/School			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Community			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Financial/Economic			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Health			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	

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Legal			Attachment <input type="checkbox"/>
<u>Strengths:</u>		<u>Needs/Risks:</u>	
Leisure/Recreation			Attachment <input type="checkbox"/>

<u>Strengths:</u>	<u>Needs/Risks:</u>	
Emotional/Behavioral	Attachment	
<u>Strengths:</u>	<u>Needs/Risks:</u>	
Spiritual	Attachment	
<u>Strengths:</u>	<u>Needs/Risks:</u>	
Independent Living	Attachment	
<u>Strengths:</u>	<u>Needs/Risks:</u>	
Other	Attachment	
<u>Strengths:</u>	<u>Needs/Risks:</u>	

Narrative (Cultural Issues & Additional Comments):

(Revised: 04/24/01 NCHS)

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