**SPNS CLIENT SERVICES PLAN**

(Case Management, Home Health Aide, Respite, Housing, Mental Health, Substance Treatment)

*INSTRUCTIONS: This form must be completed every 4 to 6 months. Number those needs that apply and list below, then fill in below grid with corresponding numbers. Include all needs.*

|  |  |  |
| --- | --- | --- |
| **Client ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Person Completing Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Services Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Needs to be addressed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_\_ | Financial Assistance | \_\_\_\_ | Medical Coverage | \_\_\_\_ | Home Care |
| \_\_\_\_ | Health Services | \_\_\_\_ | Legal Assistance | \_\_\_\_ | Basic Needs |
| \_\_\_\_ | Psychosocial Support | \_\_\_\_ | Housing Assistance | \_\_\_\_ | Transportation |
| \_\_\_\_ | Behavioral Health | \_\_\_\_ | Substance Abuse | \_\_\_\_ | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Need #** | **Client will do:** | **Staff person will do:** | **Date Due** | **Date Done (use code below)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Codes: C=Completed, P=Pending (paperwork filed, awaiting decision), DNF=Did not follow through (indicate who), CL=Closed

|  |  |  |
| --- | --- | --- |
| Client Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Staff Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Update Due (6 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations*.  Learn more at* <http://cahpp.org/project/medheart/models-of-care>