**Treatment Plan – Group Home**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the rule requirements for DCF 57.23(2). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes.

**Instructions:** Complete each section of this form in detail regarding the resident.

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| **RESIDENT INFORMATION** | | | | |
| Name – Last | | | Name – First | |
| Alias (Nickname) | | Date of Birth (mm/dd/yyyy) | | Date of Placement (mm/dd/yyyy) |
| **TREATMENT PLAN –** Must be completed by the program director once the assessment has been finished, with the participation of the resident, parent or guardian and the legal custodian if available. | | | | |
| Strengths**:** | | | | |
| Needs**:** | | | | |
| Preferences**:** | | | | |
| **TREATMENT GOALS – Add additional treatment goals as appropriate.** | | | | |
|  | Treatment Goal (Description of goal): | | | |
|  | Timeframe for achieving goal: | | | |
|  | Behavior interventions to be used: | | | |
|  | Specific services to be provided to achieve treatment goals: | | | |
|  | Group home staff or agency responsible for implementation of the treatment plan: | | | |
|  | Specific Indicators that treatment goal has been achieved: | | | |
|  | Progress (include any barriers): | | | |
|  | Treatment Goal (Description of goal): | | | |
|  | Timeframe for achieving goal: | | | |
|  | Behavior interventions to be used: | | | |
|  | Specific services to be provided to achieve treatment goals: | | | |
|  | Group home staff or agency responsible for implementation of the treatment plan: | | | |
|  | Specific Indicators that treatment goal has been achieved: | | | |
|  | Progress (include any barriers): | | | |
|  | Treatment Goal (Description of goal): | | | |
|  | Timeframe for achieving goal: | | | |
|  | Behavior interventions to be used: | | | |
|  | Specific services to be provided to achieve treatment goals: | | | |
|  | Group home staff or agency responsible for implementation of the treatment plan: | | | |
|  | Specific Indicators that treatment goal has been achieved: | | | |
|  | Progress (include any barriers): | | | |

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| **REASONABLE AND PRUDENT PARENTING** |
| Specific decisions or considerations: |
| **ADDITIONAL INFORMATION** |
| Permanency planning goals: |
| Independent living goals if resident is 15 years of age or older: |
| Court ordered conditions: |
| Projected length of stay and conditions for discharge: |
| Participation in family contacts – resident and family members: |
| Participation in public school: |
| **DISCHARGE PLANNING** |
| Documentation of efforts to prepare the resident for discharge: |
| Post discharge plan (to be completed within 30 days prior to a planned discharge): |

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| Signature – Person Completing Treatment Plan | Date – Completion of Treatment Plan |
| Signature – Resident | Date |
| Signature – Parent/Guardian | Date |
| Signature – Legal Custodian | Date |
| Signature – Service Provider | Date |
| Signature – Service Provider | Date |