**Assessment 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(1) and (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. Must be completed within 30 days after the date of admission. An assessment plan for a resident admitted under respite care must be completed by the date of admission.

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| **RESIDENT INFORMATION** | |
| Full Name – (Last, First, Middle) | Birthdate (mm/dd/yyyy) |
| Alias (Nickname) | Placement Date (mm/dd/yyyy) |
| **ASSESSMENT PLAN** | |
| **Describe the resident’s history including all of the following:** | |
| Developmental: | |
| Behavioral: | |
| Educational: | |
| Medical history: | |
| Family and significant relationships: | |
| Legal history: | |
| Substance abuse history and any past treatments: | |
| **Describe the resident’s current status including all of the following:** | |
| Medical needs: | |
| Current activities: | |
| Educational status: | |
| Current or recent substance abuse usage: | |
| Personal strengths: | |
| **COMPLETION INFORMATION** | |
| Full Name of Person Completing Assessment | Date Completed (mm/dd/yyyy) | |