

Assessment, Treatment Plan and Discharge Plan – Group Homes for Children

Use of form: Use of this form is voluntary; however, completion of this form for placement in the resident record will assist in meeting the rule requirements for DCF 57.23(1), (2) and (3). This form may be used to assist group home providers develop an assessment, treatment plan and discharge plan for each resident. 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.

A. RESIDENT INFORMATION

Name – Last

Name – First

Alias (Nickname)

Birthdate (mm/dd/yyyy)

Date of Placement (mm/dd/yyyy)

B. ASSESSMENT: To be completed within 30 days after the date the resident is admitted to the group home. Respite admissions need to be completed by the date of admission.

1. Describe the resident's history.

a. Developmental

b. Behavioral

c. Educational

d. Medical

2. Family and significant relationships

3. Legal history

4. Substance abuse history and any past treatments

5. Describe the resident's current status including:

a. Medical needs

b. Current activities

c. Educational status

d. Current or recent substance abuse usage

e. Personal strengths

Name – Person Completing Assessment

Date – Completion of Assessment (mm/dd/yyyy)

C. TREATMENT PLAN: After completing the information above, the program director shall develop the treatment plan with the participation of the resident, a parent or guardian and the legal custodian if available. The plan shall include the following information.

1. Resident's strengths

2. Resident's needs

3. Resident's preferences

4. Add treatment goals as appropriate. Make additional copies of this page as necessary.

a. **TREATMENT GOAL:**

Timeframe for achieving goal

Behavior interventions to be used

Specific services and supports 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 and changes to goals)

b. **TREATMENT GOAL:**

Timeframe for achieving goal

Behavior interventions to be used

Specific services and supports 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 and changes to goals)

c. **TREATMENT GOAL:**

Timeframe for achieving goal

Behavior interventions to be used

Specific services and supports 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 and changes to goals)

d. **TREATMENT GOAL:**

Timeframe for achieving goal

Behavior interventions to be used

Specific services and supports 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 and changes to goals)

e. **TREATMENT GOAL:**

Timeframe for achieving goal

Behavior interventions to be used

Specific services and supports 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 and changes to goals)

5. Permanency planning goals

6. Independent living goals if resident is 15 years of age or older

7. Court ordered conditions

8. Projected length of stay and conditions for discharge

9. Participation in family contacts — resident and family members

10. Participation in public school

11. Additional requirements for care of custodial parents and expectant mothers and children under 6 years of age

D. DISCHARGE PLANNING

1. Documentation of efforts to prepare the resident for discharge.

2. Post discharge plan (to be completed within 30 days prior to a planned discharge). NOTE: Once a resident has been discharged, a discharge summary needs to be completed according to DCF 57.20(1).

Review: Treatment plans need to be reviewed at least every 3 months. Provide signature and date below to document completion of review.

Review 1	(mm/dd/yyyy)	Review 2	(mm/dd/yyyy)	Review 3	(mm/dd/yyyy)
a. Resident	Date Signed	a. Resident	Date Signed	a. Resident	Date Signed
b. Parent and / or Guardian	Date Signed	b. Parent and / or Guardian	Date Signed	b. Parent and / or Guardian	Date Signed
c. Legal Custodian	Date Signed	c. Legal Custodian	Date Signed	c. Legal Custodian	Date Signed
d. Service Provider	Date Signed	d. Service Provider	Date Signed	d. Service Provider	Date Signed
e. Service Provider	Date Signed	e. Service Provider	Date Signed	e. Service Provider	Date Signed
f. Service Provider	Date Signed	f. Service Provider	Date Signed	f. Service Provider	Date Signed