

Assessment and Treatment Plan – Residential Care Centers for Children and Youth

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 HFS 52. This form may be used to assist group home providers develop an assessment and treatment plan for each resident. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Note: As of November 1, 2008, this administrative rule has been renumbered DCF 52.

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 was admitted to the residential care center (RCC).

1. Resident's initial treatment and service needs:

C. TREATMENT PLAN: Treatment plan needs to be developed based on the assessment. Goals need to be time-limited, goal-oriented and individualized.

1. Behavioral Functioning

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal:

f. Staff responsible for working with resident to achieve goal:

g. Specific indicators that treatment goal has been achieved:

h. Progress: Include any barriers and changes to goals.

2. Psychological or Emotional Development

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal:

f. Staff responsible for working with resident to achieve goal:

g. Specific indicators that treatment goal has been achieved:

h. Progress: Include any barriers and changes to goal(s).

3. Personal and Social Development

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal has been achieved:

h. Progress: Include any barriers and changes to goal(s).

4. Familial Relationships and Family History

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal(s) has been achieved:

h. Progress: Include any barriers and changes to goal(s).

5. Medical and Health Needs (as indicated by the health screen under DCF 52.21(8))

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal(s) has been achieved:

h. Progress: Include any barriers and changes to goal(s).

6. Educational and Vocational Needs

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal(s) has been achieved:

h. Progress: Include any barriers and changes to goal(s).

7. Independent Living Skills and Adaptive Functioning

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal(s) has been achieved:

h. Progress: Include any barriers and changes to goal(s).

8. Recreational Interests and Abilities

a. Strengths:

b. Weaknesses:

c. Treatment goal(s): Goals need to be time-limited, goal-oriented and individualized.

d. Projected achievement date:

e. Measurable indicators or criteria for achieving goal(s):

f. Staff responsible for working with resident to achieve goal(s):

g. Specific indicators that treatment goal(s) has been achieved:

h. Progress: Include any barriers and changes to goal(s).

D. PERMANENCY GOALS

E. CONDITIONS FOR DISCHARGE

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

Review 1		Review 2		Review 3	
Signature	(mm/dd/yyyy)	Signature	(mm/dd/yyyy)	Signature	(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