**CASE MANAGEMENT**

**SERVICE PLAN**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Language/Nationality** |
|  |  |  |
| **Date of Arrival/Eligibility** | **Assigned Case Number** | **Assigned Service Provider** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION HISTORY** | | | | |
| Field of Study | Highest Education Level | Country | Start Date | End Date |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY** | | | | |
| Occupation | Employer | Country | Start Date | End Date |
|  |  |  |  |  |

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| --- | --- |
| **SKILLS** | **ASSETS** |
|  |  |

|  |  |
| --- | --- |
| **Short-Term Goals (2-12 months)** |  |
| **Long-Term Goals (1-5 years)** |  |

| **Goals** | **Strengths** | **Barriers** | **Actions to be Taken**  **(Specific, Measurable, Achievable, Relevant, Timely)** | **Person Responsible** | **Target Date** |
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| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
|  |  |  | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

*I worked with the service provider to identify my self-sufficiency goals, my strengths, and my vulnerabilities that are listed in this Service Plan. I understand my responsibility and the service provider’s responsibility for completing the action plan listed. Adequate interpretation was provided to me in my language, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during the creation of this Service Plan and I understand the purpose of the plan.*

**Individual:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 Name Signature Date

**Service Provider:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 Name Signature Date

**Interpreter:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 Name Signature Date