

Individual Service Plan (ISP)

Today's Date:	Client Name:	
Goal #1:		
Case Manager's Tasks	Client's Tasks	Progress Note
Goal #2:		
Case Manager's Tasks	Client's Tasks	Progress Note
Goal #3:		
Case Manager's Tasks	Client's Tasks	Progress Note
Conditions for Assistance: Client will notify case management staff if there is ANY change in income or benefits and provide needed documentation. Client will also notify agency if there is a change in the number of persons in the household or a change in address or phone number.		
Case Management Staff Contact Information:		
Your signature indicates that you feel that the goals stated above were mutually agreed upon and focus on your current needs. Signing below indicates that you have read, understand and will comply with the terms above, your signature also verifies that you have received a copy of your service plan.		
Client's Signature:	Date:	
Case Manager's Signature:	Date:	

A copy of the completed (signed and dated) form must be given to the client in addition to a copy kept in the client chart.