

**ICM SERVICE PLAN**

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Strengths:** 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

**Inventory of Support Services Results**

<b>Domain</b>	<b>ISS Score</b>	<b>Service Plan Status</b>	<b>List Inventory of Support Services codes by number for each domain in service plan status</b>
<b>Housing</b>			<b>1) Not a Need</b>  <b>2) Client willing to work on identified need</b>  <b>3) Not interested in working on identified need at this time</b>  <b>4) Services not available</b>  <b>5) Client is already working on identified need with another case manager</b>  <b>6) Client willing to work on identified need that is not a priority, but will work on it at a later time</b>
<b>Child Care</b>			
<b>Education/Vocational</b>			
<b>Employment</b>			
<b>Basic Needs</b>			
<b>Transportation</b>			
<b>AODT</b>			
<b>Legal</b>			
<b>Mental Health</b>			
<b>Physical Health</b>			
<b>Family/Social</b>			
<b>Life Skills</b>			

Client Name: \_\_\_\_\_

Goal#: \_\_\_\_\_  
\_\_\_\_\_

<b>Support Services Domain</b>	<b>Action Steps / Methods ( Include who, what, where, when, etc)</b>	<b>Target Date</b>	<b>Date Achieved</b>	<b>Comments</b>

Goal#: \_\_\_\_\_  
\_\_\_\_\_

<b>Support Services Domain</b>	<b>Action Steps / Methods ( Include who, what, where, when, etc. )</b>	<b>Target Date</b>	<b>Date Achieved</b>	<b>Comments</b>

Client Name: \_\_\_\_\_

Goal#: \_\_\_\_\_  
\_\_\_\_\_

Support Services Domain	Action Steps / Methods ( Include who, what, where, when, etc)	Target Date	Date Achieved	Comments

Goal#: \_\_\_\_\_  
\_\_\_\_\_

Support Services Domain	Action Steps / Methods ( Include who, what, where, when, etc. )	Target Date	Date Achieved	Comments

**By signing this Service Plan, I agree that the development of the Action Steps listed was a collaborative effort between my Case Manager and myself to achieve the goals relating to my Support Services Needs.**

\_\_\_\_\_ I have been offered a copy of this plan and I have      ( ) Accepted      ( ) Refused

\_\_\_\_\_  
**Initial Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Initial ICM Signature**

\_\_\_\_\_  
**Date**

**Each time the plan is reviewed, the client and ICM are to initial next to the date.**

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_(C)\_\_\_(ICM) \_\_\_

\_\_\_\_\_  
**Case Management Supervisor Signature**

\_\_\_\_\_  
**Date**