DIVISION OF MENTAL RETARDATION
Individual/Family-Centered Assessment
and Case Management Plan for Adults and Children

_____ Initial
_____ Annual

Date: _____

Individual: _____

SSN # _____
Medicaid # _____

Name & Address of Residence/Home/GH/SCLH/Other:

_____
_____
_____

Name & Address of Employment / Day Service/School, etc:

_____
_____
_____

Case Manager: _____

TCM Code: _____

Section 1: Assessment

Life areas to be addressed, as appropriate: 1) Housing; 2) Safety, Supervision, Communication, Mobility; 3) Family/Friends; 4) Recreation/Leisure; 5) Health/Medical; 6) Transportation; 7) Education/Training, Employment/Day Activity; 8) Daily Living (e.g. food, clothing, daily living skills); 9) Financial/Money Management; 10) Emotional/Behavior.

Wants/Needs	**Resources/Supports Currently Available****	**Resources/Supports Needed****

**address resources in the following order: natural, generic, specialized resources

Case Manager should initial each review date.

Date Reviewed:						
Initial:						

*This plan format applies to adults age 18 & over and children ages 3-17

Individual/Family-Centered Assessment and Case Management Plan for Adults and Children

Individual: _____ **Page** _____

Section 1: Assessment (continued)

Wants/Needs	Resources/Supports Currently Available**	Resources/Supports Needed**

****address resources in the following order: natural, generic, specialized resources**

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Section 1: Assessment (continued)

Wants/Needs	Resources/Supports Currently Available**	Resources/Supports Needed**

****address resources in the following order: natural, generic, specialized resources**

Completed by: _____ _____ **Approved by: _____ _____**

Date **Date**

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Case Management Plan for Adults and Children

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Section II: Case Management Plan

Case Management Objectives	Projected Contact / Activity Frequency	Expected Date of Accomplishment

Case Management Plan
PARTICIPANTS

Individual: _____ **Date** _____ **Page** ____

Name / Signature	Relationship / Position	Check Appropriate Column for Plan Meeting	
		Attended Meeting	Provided Input But Did Not Attend Meeting