

# SERVICE PLAN

Intake Date: \_\_\_\_\_  
 Plan Created: \_\_\_\_\_  
 Review Date: \_\_\_\_\_  
 Review Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Primary Advocate: \_\_\_\_\_

<i>Needs Assessment</i>	<i>Comments/Notes (Please indicate which Phase the following methods of service were provided in)</i>	<i>Date</i>	<i>Advocate Initials</i>
<b>IMMEDIATE ESSENTIAL NEEDS</b> <input type="checkbox"/> Food <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Clothing <input type="checkbox"/> Phone/Minutes <input type="checkbox"/> Transportation <input type="checkbox"/> Temp RO/PFA <input type="checkbox"/> Victim notification request to Jail/DA/Others <input type="checkbox"/> Day-to-Day Living Needs  <input type="checkbox"/> Other Immediate Needs  <input type="checkbox"/> Information/Referrals			
<b>SAFETY PLAN</b> <input type="checkbox"/> Violent/Crisis Incident <input type="checkbox"/> Day-to-Day Living Routines <input type="checkbox"/> Networks of Support <input type="checkbox"/> Other Safety Related Needs  <input type="checkbox"/> Information/Referrals <input type="checkbox"/> Police Phone #'s Provided			

<i>Needs Assessment</i>		<i>Comments/Notes</i>	<i>Date</i>	<i>Advocate Initials</i>
<b>HOUSING</b>	<input type="checkbox"/> Currently Homeless <input type="checkbox"/> Long-Term Housing <input type="checkbox"/> Home Security Measures <input type="checkbox"/> Utilities Maintenance <input type="checkbox"/> Other Housing Related Need			
	<input type="checkbox"/> Information/Referrals			
<b>MEDICAL CARE</b>	<input type="checkbox"/> Continuing medical issues related to the crime <input type="checkbox"/> Other medical issues <input type="checkbox"/> Medical Bills <input type="checkbox"/> CVC Eligibility/Documentation <input type="checkbox"/> Access to health care <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Depression/Mental Health <input type="checkbox"/> Pre/Post-Natal Care <input type="checkbox"/> Other Medical Related Need			
	<input type="checkbox"/> Information/Referrals			
<b>LEGAL</b>	<input type="checkbox"/> Criminal Legal Protection <input type="checkbox"/> Civil Legal Protection <input type="checkbox"/> Accompaniment to Court <input type="checkbox"/> Communication w/ PD/DA <input type="checkbox"/> CVC/Restitution Documents <input type="checkbox"/> Victim Impact Statement <input type="checkbox"/> Legal Aid/Attorney Assist <input type="checkbox"/> Other Legal Related Need			
	<input type="checkbox"/> Information/Referrals			

<i>Needs Assessment</i>	<i>Comments/Notes</i>	<i>Date</i>	<i>Advocate Initials</i>
<b>EMPLOYMENT &amp; FINANCIAL RESOURCES</b> <input type="checkbox"/> Currently employed/ Maintaining Current Employment <input type="checkbox"/> Currently unemployed/ Underemployed <input type="checkbox"/> Budgeting <input type="checkbox"/> Benefits-SRS/Commods/Food Stamps/WIC/Disability/Other <input type="checkbox"/> Child Support <input type="checkbox"/> Child Care expenses <input type="checkbox"/> Other Employment/ Financial Resources Need <hr/> <input type="checkbox"/> Information/Referrals <hr/> <hr/>			
<b>SUPPORT/COUNSELING</b> <input type="checkbox"/> Spiritual Advice/Concerns <input type="checkbox"/> Support Systems <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Family Counseling <input type="checkbox"/> Other Emotional/Spiritual Support/Counseling Needs <hr/> <input type="checkbox"/> Information/Referrals <input type="checkbox"/> Crisis/Help Line # Provided <hr/> <hr/>			

Initially, follow-up contact will occur no less than:  Weekly  Bi-Weekly  Monthly  As Needed/Determined by Participant

Contact schedule will be reviewed for modification on: \_\_\_\_\_