

Case Management Service Plan

Instructions

This form is issued under 252.12 (2) 8, Wis. Stats. Personally identifiable information is collected to assist case managers in planning and coordinating services for persons with HIV infection and will be used only for that purpose.

General information

Case manager: _____

Client: _____

File number: _____

Case management service plan

Problem statement #1:

Goal(s) (expected outcomes):

Action steps:

Responsibility:

Start date: _____ End date: _____

Problem statement #2:

Goal(s) (expected outcomes):

Action steps:

Responsibility:

Start date: _____ End date: _____

Problem statement #3:

Goal(s) (expected outcomes):

Action steps:

Responsibility:

Start date: _____ End date: _____

Problem statement #4:

Goal(s) (expected outcomes):

Action steps:

Responsibility:

Start date: _____ End date: _____

Problem statement #5:

Goal(s) (expected outcomes):

Action steps:

Responsibility:

Start date: _____ End date: _____

Notes

I have read, understand, and agree with the above service plan.

Signature — Client or guardian: _____ ☐ Verbal consent

Name — Client or guardian (printed): _____ Date signed: _____

Signature — Case manager: _____

Name — Case manager (printed): _____ Date signed: _____

Signature — Supervisor: _____

Name — Supervisor (printed): _____ Date signed: _____

Supervisor comments:

Review schedule

Acuity level 1:

Case managers – Twice annually

Clients – Twice annually

Supervisors – Annually

Acuity level 2:

Case managers – Twice annually

Clients – Twice annually

Supervisors – Twice annually

Acuity level 3:

Case managers – Quarterly

Clients – Quarterly

Supervisors – Twice annually