

## Individual Community Support Plan

**Client name:** Paul Bauer

**Time period that this ICSP covers:** May 1, 201X to August 1, 201X

**Client goal #1:** I want to find a new apartment

**Client’s objective for this ICSP period:** Find an apartment/living arrangement in Fergus Falls within the next three months.

**Client current functioning:** Paul is currently living in the home of his brother. Paul reports that he lost his last apartment because he did not have the money to pay his rent.

**Client progress toward this goal during last ICSP period** (if a prior goal focus in ICSP): (this is initial ICSP)

Objective activity/task	Person/agency responsible	Schedule of activity/task: Timeframe	Frequency of case management contact planned
1. Contact Paul’s friend in Fergus Falls to see if he would consider having Paul live with him for awhile 2. Meet with Paul and his brother to discuss Paul’s current living situation, Paul’s desire to move, and what assistance Paul’s brother may provide 3. Referral for case management services if Paul moves to another county	1. Paul will phone his friend  2. Paul and case manager  3. Case manager contact Otter Tail County	1. Within the next two weeks.  2. Within next two weeks  3. Within next three weeks	Twice per month

**Client goal #2:** I am interested in obtaining new information about chemical dependency treatment and resources

**Client’s objective for goal #2 for this ICSP period:** Obtain an updated assessment and learn more about a new treatment program in Fergus Falls

**Client current functioning:** Paul reports being chemically dependent on alcohol. He has been involved in treatment several times. He is currently drinking two to five times per week. He reports that it interferes with his management of his finances, and his social relationships. Paul is considering treatment again to help him to change his use. Paul reports having been in treatment numerous times, and having reservations/ discouragement about seeking treatment again.

**Client progress toward goal #2 during last ICSP period** (if a prior goal focus in ICSP): This is initial ICSP. This is a new goal

Objective activity/task	Person/agency responsible	Schedule of activity/task: Timeframe	Frequency of case management contact planned
1. Arrange for a assessment with a counselor	1. Case manager	1. Within the next three weeks (done 4/5)	Twice per month
2. Obtain assessment	2. Paul	2. Participate in scheduled (done 4/14)	
3. Contact Fergus Falls treatment program to obtain more info.	3. Paul and case manager	3. By 5/15	
4. Continue to assess how alcohol is impacting housing and social life	4. Paul and case manager	4. At least monthly at contacts with case manager	
5. Attend AA groups and discuss with case manager	5. Paul	5. At least monthly at contacts with case manager	

Other considerations in implementation of this goal: n/a

**Date of completion of ICSP:** May 1, 201X

**Next ICSP update planned for (date):** August 1, 201X

**Date of last DA/eligibility determination:** (if longer than 36 months, redetermination is due):  
April, 20XX

**Date that client's health coverage is due for reapplication:** Information to be obtained

**Does client want assistance with reapplication to maintain health care coverage?** Yes

**Releases of information/updates of releases of information completed?** Releases in place  
with brother, Otter Tail County, the mental health center.

**Date of assessment of client's medications/side effects by physician?** To be determined

**Client rights reviewed and rights documents provided?** Yes

**Which?** Appeal rights; privacy rights; informed consent.

Client signature: *Paul Bauer*

Date: May 1, 201X

Case manager signature: *Rob Jones*

Date: May 1, 201X

Clinical supervisor signature: *Susan Franklin, LICSW*

Date: May 4, 201X

Other ICSP participant signature: *Tom Bauer* (brother)

Date: May 1, 201X

Other ICSP participant signature: xxxx xxxxxxxx

Date: May XX, 201X