



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Individual Treatment, Housing, and Services Plan  
YMCA of Central Ohio Supportive Housing Program**

<b>Address:</b>		<b>Program:</b>		<b>Date:</b>		<b>Time Start:</b>	
<b>Client Name:</b>		<b>Apartment #:</b>		<b>Program Entry Date:</b>		<b>Time End:</b>	
<b>CSP # :</b>		<b>Phone Number:</b>					
		<b>Emergency Contact:</b>					

<b>Mental Health Diagnosis:</b>		<b>Stages of Change:</b>	
<b>AOD Diagnosis:</b>		<b>Stages of Change:</b>	
<b>Strengths/Abilities:</b>			
<b>Needs:</b>			
<b>Preferences:</b>			

**Financial Status at Move In**

Employed      Yes  No

Benefits      Yes  No

**Current Financial Status**

Employed:    Yes  No

Benefits:     Yes  No

**Check Benefit(s) Type Received (and amount):**

SSI       VA       Medicaid       SNAP

SSDI       GA       Medicare

**What is your Overall Goal for the next 90 days?:**

---

**Financial/Employment**

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Housing

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

### Physical Health

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

### Mental Health

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

### AOD

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

**YMCA OF CENTRAL OHIO**  
*Scattered Sites HOME Program*  
40 West Long St. Columbus, OH 43215  
P 614 689 2000 F 614 628 1660 W ymcaohio.org





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Support Network

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

### Education/Vocation

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

### Transition

<b>Status:</b>	
<b>Objective:</b>	
<b>Intervention:</b>	
<b>Type of Service:</b>	
<b>Frequency:</b>	

<b>MISC Objectives:</b>	
<b>MISC Notes:</b>	





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

---

Client Signature

---

Date

---

Service Coordinator Signature

---

Date

---

Supervisor Signature

---

Date

Next Individual Treatment, House & Service Plan for this Client is due on: \_\_\_\_\_

**YMCA OF CENTRAL OHIO**  
*Scattered Sites HOME Program*  
40 West Long St. Columbus, OH 43215  
**P** 614 689 2000 **F** 614 628 1660 **W** ymcaohio.org

