

## DCFS Foster Care

\*\*\*USE BLACK INK ONLY\*\*\*  
 \*\*\*DO NOT USE WHITEOUT\*\*\*  
 \*\*\*PRINT CLEARLY\*\*\*

Case Coordinator \_\_\_\_\_

Week of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ -- \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Consumer \_\_\_\_\_ Employee/Position \_\_\_\_\_

### ISP / IHP GOALS AND OBJECTIVES

<b>1</b>	<b>Self Direction</b> When given two choices he/she will choose the appropriate one.	<b>5</b>	<b>Exercise/Physical Fitness</b> He/she will participate in physical activities daily in order to promote optimal health and fitness.
<b>2</b>	<b>Personal Hygiene</b> He/she will complete all necessary personal hygiene with minimal prompting.	<b>6</b>	<b>Recreational Activities</b> He/she will participate in recreational activities in order to facilitate both learning and relaxation.
<b>3</b>	<b>Behavior Management</b> He/she will control all inappropriate behavior and learn a positive way to deal with anger or frustration.	<b>7</b>	<b>Independent Living Skills</b> He/she will keep living facilities clean and will complete washing laundry.
<b>4</b>	<b>Socialization &amp; Community Integration</b> He/she will learn to interact with staff, peers, and community member in an appropriate manner.	<b>8</b>	<b>Medication Management</b> He/she will identify all medication and follow medication schedule with minimal prompting.

#### Level of Independence for Each Task

I = Independent    P = Prompted    A = Assisted    T = Total Care    R = Refused    N = Goal Not Worked On

#### Services Provided

**Goals Worked On:** G (indicated by number)    **Level of Independence for each task:** (indicated by letter)

**Progress:** Should include prompting required, comparison to previous attempts, environment, etc.

Monday Date \_\_\_\_\_ Initials \_\_\_\_\_ Time IN \_\_\_\_\_ am/pm Time OUT \_\_\_\_\_ am/pm

Goals worked on and level of independence: G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

Tuesday Date \_\_\_\_\_ Initials \_\_\_\_\_ Time IN \_\_\_\_\_ am/pm Time OUT \_\_\_\_\_ am/pm

Goals worked on and level of independence: G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

Wednesday Date \_\_\_\_\_ Initials \_\_\_\_\_ Time IN \_\_\_\_\_ am/pm Time OUT \_\_\_\_\_ am/pm

Goals worked on and level of independence G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_ G# \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage: \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

**Thursday Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Time IN** \_\_\_\_\_ **am/pm** **Time OUT** \_\_\_\_\_ **am/pm**

Goals worked on and level of independence: **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

**Friday Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Time IN** \_\_\_\_\_ **am/pm** **Time OUT** \_\_\_\_\_ **am/pm**

Goals worked on and level of independence: **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

**Saturday Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Time IN** \_\_\_\_\_ **am/pm** **Time OUT** \_\_\_\_\_ **am/pm**

Goals worked on and level of independence: **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

**Sunday Date** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Time IN** \_\_\_\_\_ **am/pm** **Time OUT** \_\_\_\_\_ **am/pm**

Goals worked on and level of independence: **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - **G#** \_\_\_\_\_ - \_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mileage \_\_\_\_\_ Target Behavior Occurred: (Yes or No) \_\_\_\_\_

Consumer or Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this sheet, I do hereby attest that I actually provided the above services and mileage, indicating the exact hours that I provided the service.

By signing this, I do hereby attest I have carefully reviewed the document to ensure the service provided was outlined in the plan of care and that it is approved for billing.

Staff signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact Number \_\_\_\_\_

Coordinator's Signature) \_\_\_\_\_  
Date \_\_\_\_\_