



SUBSTANCE USE DISORDER INDIVIDUAL SERVICE PLAN

Name

DOC number

Dimension number

Level of care

Substance Use Disorder Professional/Trainee (SUDP/T)

Problem statement:

Goal/desired outcome:

DATE OPENED	APPROACHES/INTERVENTIONS (Specific action steps to accomplish goal)	TARGET DATE (for each action step)	DATE ACCOMPLISHED	SUDP/T INITIALS AFTER ACCOMPLISHED

I acknowledge that I have participated in the writing of this Individual Service Plan (ISP), agree to this ISP, and have received a copy.

Signature

Date

SUDP/T signature

Date

SUDP signature (co-authentication)

Date

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