

Participant:	DOB:	Sex: Male Female
Custody Status: In Custody Released on Bond		
Drug(s) of Choice:		
Risk/Need Assessment Score:	Risk Level:	
Risk/Need Assessment completed on:		
Clinical Assessment completed on:		
Relevant Diagnoses (confirmed by treatment provider):		
Criminogenic Need(s)		
Behavioral Health Treatment History:		
Special Considerations Regarding Participant's Background/Needs:		
Target Behaviors/Clinical Needs: 1. 2. 3.	Protective Factors: 1.	
Long-Term Goals:	Long-Term Goals:	
Short-Term Goals:	Short-Term Goals:	

Steps to meet these goals:	Steps to meet these goals:												
<p>The below team members, to include the participant, meaningfully participated in the creation of the above goals and action plans and agree to these as currently written. Each team member, including the Veteran participant, agrees to continually review these goals and progress towards these goals, and make adjustments as necessary reflected on the Individual Case Plan Progress Review.</p> <table><tr><td>_____ Participant</td><td>_____ Date</td></tr><tr><td>_____ Court Coordinator</td><td>_____ Date</td></tr><tr><td>_____ Probation Officer</td><td>_____ Date</td></tr><tr><td>_____ Clinician</td><td>_____ Date</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>		_____ Participant	_____ Date	_____ Court Coordinator	_____ Date	_____ Probation Officer	_____ Date	_____ Clinician	_____ Date	_____	_____	_____	_____
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