PART 819.9 & 819.10 CHEMICAL DEPENDENCE RESIDENTIAL SERVICES
COMPREHENSIVE SERVICE PLAN

RESIDENT NAME:	RESIDENT ID #	ADMISSION DATE:

AXIS		AXIS	
I:		**II:**	
I:		**III:**	
			(if applicable)
I:		**IV:**	
	Axis I co-occurring mental health disorder*(if applicable)*		*(if applicable)*
I:		**V:**	
	Axis I co-occurring mental health disorder*(if applicable)*		*(if applicable)*

By signing, I attest that I have participated with the treatment staff in the development of this service plan:	
SIGNATURE OF RESIDENT	DATE

PRINT NAME OF RESPONSIBLE CLINICAL STAFF MEMBER:

SIGNATURE OF RESPONSIBLE CLINICAL STAFF	DATE
SIGNATURE OF SUPERVISOR (WITHIN 7 DAYS OF COMPLETION)	DATE

These areas are not specifically identified in the Part 819 regulations but are considered an integral part of a comprehensive evaluation and treatment plan.

Gambling
Vocational
Employment
Family
*Tobacco

Resident ID#	

Problem/Issue for Functional Area —
Chemical Use, Abuse and Dependence —
*Tobacco —
*Gambling —

Goal:
Chemical Use, Abuse and Dependence —
*Tobacco —
*Gambling —

Objectives:	Schedules for Prescribed Services:
Chemical Use, Abuse and Dependence —	
*Tobacco —	
*Gambling —	

Resident ID#	

Problem/Issue for Functional Area —

Social —

Leisure —

Activities of Daily Living —

Goal:

Social —

Leisure —

Activities of Daily Living —

Objectives:	Schedules for Prescribed Services:
Social —	
Leisure —	
Activities of Daily Living —	

Resident ID#	

Problem/Issue for Functional Area —
Educational —
*Vocational —
*Employment —

Goal:
Educational —
*Vocational —
*Employment —

Objectives:	Schedules for Prescribed Services:
Educational —	
*Vocational —	
*Employment —	

Resident ID#	

Problem/Issue for Functional Area —

Significant Other —

*Family —

Goal:

Significant Other —

*Family —

Objectives:	Schedules for Prescribed Services:
Significant Other —	
*Family —	

Resident ID#	

Problem/Issue for Functional Area —

Legal:

Goal:

Legal:

Objectives:	Schedules for Prescribed Services:

Resident ID#	

Problem/Issue for Functional Area —

Medical: (Also, include any identified needs based on the results of the communicable disease risk assessment)

Goal:

Medical:

Objectives:	Schedules for Prescribed Services:

Resident ID#	

Problem/Issue for Functional Area —

Mental Health/Emotional Health:

Goal:

Mental Health/Emotional Health:

Objectives:	Schedules for Prescribed Services:

Resident ID#	

Description and Nature of Additional Service/Referral:	Referral Made On:	Date/Time of Referral:

Results of Referral:

Procedures for Ongoing Coordination of Care:

Description and Nature of Additional Service/Referral:	Referral Made On:	Date/Time of Referral:

Results of Referral:

Procedures for Ongoing Coordination of Care: