

## **Addendum B – HUD-VASH SW TREATMENT PLAN NOTE**

### **HUD-VASH INDIVIDUAL TREATMENT PLAN**

This treatment plan was developed in partnership between the Veteran and HUD-VASH Case Manager. It identifies individual goals and outlines a plan for achieving these goals. The plan was developed jointly by the Veteran and his/her case manager and has been approved by both individuals and both individuals share responsibility for its implementation. It may be revised as needed to reflect changing needs and may also include work the Veteran is doing with other providers.

Please check 3-4 domain areas you would like to work on:

- ☐ Medical health
- ☐ Housing / Basic Needs
- ☐ Daily Routines
- ☐ Vocational / Educational
- ☐ Mental health
- ☐ Legal Status
- ☐ Drug / Alcohol Use
- ☐ Family, Parenting, Childcare
- ☐ Transportation Issues
- ☐ Debt/Financial Obligations/Income/Budgeting
- ☐ Social & Community Connections
- ☐ Self-Determination
- ☐ Spirituality
- ☐ Independence / Discharge Planning
- ☐ Other:

Strengths/Abilities:

Special treatment risks or other issues:

Domain Area #1:

Goal #1:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Goal #2:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Domain Area #2:

Goal #1:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Goal #2:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Domain Area #3:

Goal #1:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Goal #2:

Target Date:

1.)

Measurable Objective:

Intervention:

Person(s) Responsible:

2.)

Measurable Objective:

Intervention:

Person(s) Responsible:

Veteran participated in the development of this plan, is in agreement with the goals included, and is aware it will be reviewed and updated annually, or more often as needed.

(Electronic Signature, Computerized Patient Record System)