

## RESIDENTIAL SERVICE PLAN ANNUAL RE-REVIEW

RESIDENT NAME: \_\_\_\_\_ INTAKE DATE: \_\_\_\_\_

### **DIAGNOSIS:**

### **CURRENT MENTAL STATUS .**

✓ if currently applies, X if past symptom/problem and/or needs monitoring for recurrence:

_____ Insomnia	_____ Angry/Hostile/Threatening
_____ Eats well (good appetite)	_____ Combative/Aggressive
_____ Hears voices	_____ Has mood swings
_____ Talks to (1) voices or (2) self	_____ Reclusive/Withdrawn
_____ Has/Is delusional	_____ Is able to self-care for personal needs
_____ Paranoid	_____ Uses good judgement most of the time
_____ Disorganized thoughts	_____ Has poor impulse control

Comments/Other Observations:

### **MEDICAL/PHYSICAL PROBLEMS:**

CURRENT/ONGOING MEDICAL PROBLEMS /  
SPECIFIC TREATMENT/MEDICATIONS

(1.)

/ SPECIFIC TREATMENT/MEDICATIONS:

(2.)

/ SPECIFIC TREATMENT/MEDICATIONS:

(3.)

/ SPECIFIC TREATMENT/MEDICATIONS:

(4.)

/ SPECIFIC TREATMENT/MEDICATIONS

**BEHAVIORAL PROBLEMS:**      *[review list 1-30 to determine needs]*

(1.)  
/ USEFUL INTERVENTIONS

(2.)  
/ USEFUL INTERVENTIONS

(3.)  
/ USEFUL INTERVENTIONS

(4.)  
/ USEFUL INTERVENTIONS

***Resident needs identified by RTF staff, case manager and/or identified by the resident***  
( ☒ ) if applicable;

1. Management of aggressive behaviors in form of:  
( ☐ ) Threatening ( ☐ ) Combative ( ☐ ) Agitating ( ☐ ) Provokes Others
2. ( ☐ ) Lacks motivation – ( ☐ ) needs constant direction
3. Management of self-destructive behaviors in form of:  
( ☐ ) Paranoia ( ☐ ) Delusions ( ☐ ) Depression ( ☐ ) Hallucinations  
( ☐ ) Self Abuse ( ☐ ) Angry/Hostile
4. ( ☐ ) Lacks confidence and self esteem – ( ☐ ) needs positive reinforcement
5. ( ☐ ) Client is withdrawn –  
( ☐ ) takes special effort to involve with residents/activities
6. ( ☐ ) Is excessively independent: ( ☐ ) can navigate community and transportation systems ( ☐ ) Seeks attention ( ☐ ) Has difficulty making decisions
7. ( ☐ ) Inappropriate sexual behavior / needs monitoring
8. ( ☐ ) Is destructive to self ( ☐ ) own property ( ☐ ) other's property

9. ( ) Has uncontrolled outbursts of anger
10. ( ) Has low tolerance for other residents
11. ( ) Has problem with screaming/uncontrolled
12. ( ) Lacks impulse control – ( ) does without thinking
13. ( ) Suicidal threats need monitoring
14. ( ) Is very defensive –  
( ) is difficult to talk to or deal with on a constructive level
15. ( ) Denial - cannot reason with when confronted,  
( ) denies knowing rules, regulations, etc
16. ( ) Social skills are severely impaired
17. ( ) Is rebellious - reacts negatively
18. ( ) Constantly talks about/dwells on past –  
( ) needs constant reminders regarding present
19. ( ) Chronic complainer –  
( ) mood is always sad/depressed
20. ( ) Behavior is extremely manipulative and problematic in a home setting
21. ( ) Pushes house rules to limit of staff tolerance
22. ( ) Critical and intolerant of other residents
23. ( ) Always looks to blame others –  
( ) never acknowledges his/her part in controversy
24. ( ) Substance use/abuse needs monitoring
25. ( ) Has a history of running away –  
( ) leaving RTF grounds –  
( ) needs close watching
26. ( ) Is very vulnerable - is easily taken advantage of

- 27. ( ) Needs Reality Therapy to RE-DIRECT in behavior situations
- 28. ( ) Has poor coping skills - is unable to deal with stressful situations
- 29. ( ) Needs extra supervision due to vulnerable and poor judgement
- 30. ( ) Needs limit setting and structure in 24 hour supervised setting

**FINANCIAL INFORMATION/INCOME AMOUNTS:**

SSI: \_\_\_\_\_ Personal Allowance \_\_\_\_\_ SSD: \_\_\_\_\_

VA: \_\_\_\_\_ AFS: \_\_\_\_\_

Payee: \_\_\_\_\_ contact number: \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Needs Help with Money Management: Yes \_\_\_\_\_ No \_\_\_\_\_

**GOALS/PLANNED INTERVENTIONS WORKED OUT WITH CLIENT FOR COMING YEAR.**

GOALS

RESPONSIBLE PARTY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**SELF MEDICATING:** No..... reason?  
Yes.... official start date: \_\_\_\_\_  
( ) Dr's prescription ( ) assessment ( ) training plan

**OTHER COMMENTS:**

CLIENT: \_\_\_\_\_ DATE:

PROVIDER: \_\_\_\_\_ DATE:

CASE MANAGER: \_\_\_\_\_ DATE:

OTHER INTERESTED INDIVIDUAL(S):

**DATE FOR NEXT ANNUAL REVIEW:**

ADDENDUM DATE: \_\_\_\_\_ ( ) TEMPORARY ( ) ONGOING

COMMENTS: