

PARTICIPANT SERVICES PLAN
(SEE INSTRUCTIONS)

1. Participant Name/I.D. No.	2. Date of Admission
3. PRU No. and/or Site Name	
4. Behavioral Indicators: <i>(Specifically state the behavior to be changed and its frequency and/or the risk and/or protective factors to be impacted)</i>	
5. Results/Outcomes Expected <i>(Indicate specific changes planned in above behavior)</i>	
6. Type of Counseling and Frequency Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family Frequency: _____ _____ _____	
7. Support Services: <i>(List those support services to be utilized by the participant to support achieving the results/outcomes indicated in item 5 above. Indicate if support services are not to be rendered.)</i>	

Signature of Prevention Specialist _____

Date _____

Signature of Supervisor _____

Date _____

INSTRUCTIONS

Participant Services Plan

PURPOSE

The Participant Services Plan (PAS-65) is utilized to document issues of concern which have been identified by the participant and/or the Prevention Specialist and to identify outcomes resulting from service delivery. The PAS-65 must be completed within twenty (20) business days from the date of admission. The issues documented on the PAS-65 must be written in behavioral terms and reflect the stated Reason for Admission on the PAS-64. The PAS-65 may be used as a verification tool to cite baseline data as it is relevant to the performance targets for that target population. The behavioral results of counseling services can then be compared to the baseline data to determine overall impact (behavioral change) of the program services.

ENTRIES

ITEMS 1-3

Self-Explanatory

ITEM 4

Enter behaviors and/or risk and protective factors to be addressed as identified by the participant and/or the Prevention Specialist. State behaviors in specific measurable terms. Ensure that behaviors and/or risk factors reflect Reason(s) for Admission.

ITEM 5

Enter the specific behavioral changes expected to occur as a result of the impact of service delivery. These changes must correspond to the behavior(s) indicated in item 4 above as well as the stated performance targets in the current workplan for the target population.

ITEM 6

Check all types of counseling that the participant will receive on a regular and as needed basis, if applicable. Enter the frequency for each type of counseling checked; e.g., 1 per week, etc.

ITEM 7

Enter other steps in the process which the participant will take to achieve the results/outcomes. These steps may be other prevention activities offered by the provider and/or by another provider; e.g., after school program, child welfare services, health services, etc. Also indicate other critical actions that the Prevention Specialist will take which are directly related to achieving the results/outcomes.

SIGNATURE

Upon completion, the Prevention Specialist and supervisor must sign and date the PAS-65.

NOTE: PROVIDERS MUST ENSURE THAT THE PAS-65 IS FILED IN THE PARTICIPANT CASE RECORD.