

COURT NAME:

VTC INDIVIDUALIZED VETERAN CASE PLAN

VETERAN:	DOB:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
CUSTODY STATUS: <input type="checkbox"/> In Custody <input type="checkbox"/> Released on Bond	ACTIVE MILITARY SERVICE: <input type="checkbox"/> No <input type="checkbox"/> Yes: Active Duty <input type="checkbox"/> Yes: Reserves/Guard	
DRUG(S) OF CHOICE:		
LSI-R SCORE:	RISK LEVEL:	
RISK/NEED ASSESSMENT COMPLETED ON:		
CLINICAL ASSESSMENT COMPLETED ON:		
RELEVANT DIAGNOSIS (CONFIRMED BY TREATMENT PROVIDER):		
IS CLIENT INSURED?: <input type="checkbox"/> YES <input type="checkbox"/> NO ELIGIBLE FOR VA HEALTHCARE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE CARRIER:	
BEHAVIORAL HEALTH TREATMENT HISTORY:		
SPECIAL CONSIDERATIONS REGARDING VETERAN'S BACKGROUND/NEEDS:		
TARGET BEHAVIORS/CLINICAL NEEDS: 1. 2. 3.	PROTECTIVE FACTORS: 1. 2. 3.	
LONG-TERM GOALS:	LONG TERM GOALS:	

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SHORT TERM GOALS: 	SHORT TERM GOALS:
STEPS TO MEET THESE GOALS: 	STEPS TO MEET THESE GOALS:

The below team members, to include the Veteran 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.

Veteran		Date

VTC Coordinator		Date

Probation Officer		Date

Veterans Justice Outreach Specialist		Date