



Gateway to ARISE

Individual Rehabilitation Plan

Youth Name:			Intake Date:	Click or tap to enter a date.
	<i>First Name, Last Name</i>		Report Period:	
DOB:			Report Date:	Click or tap to enter a date.
PIN:			<input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> Quarterly Update <input type="checkbox"/> Six Month Review <input type="checkbox"/> Judicial review	

Probation Officer:	
PCS I / PCS II:	
Therapist:	
Case Manager:	

Rehabilitation Plan Services and Objectives

Domain:	Medical	Representative/Provider:	
Current Weight :		Current Height :	
Medication(s):			
Immunizations:			
Strengths:			
			Time Frame
Needs/Services:			
Outcome Goals:			
Objectives/Plan:			
	Program Components		Frequency
Type:			
Describe Progress:			



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Rehabilitation Plan Services and Objectives

Domain:	Mental Health	Representative/Provider:		
Strengths:				
Triggers / High Risk Factors				
				Time Frame
Needs/Services:				
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				

Rehabilitation Plan Services and Objectives

Domain:	Substance Use	Representative/Provider:		
Strengths:				
				Time Frame
Needs/Services:				
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				



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Rehabilitation Plan Services and Objectives

Domain:	Trauma	Representative/Provider:		
Strengths:				
Needs/Services:				Time Frame
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				

Rehabilitation Plan Services and Objectives

Domain:	Education	Representative/Provider:		
Strengths:				
Needs/Services:				Time Frame
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				



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Rehabilitation Plan Services and Objectives

Domain:	Vocational	Representative/Provider:		
Strengths:				
				Time Frame
Needs/Services:				
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				

Rehabilitation Plan Services and Objectives

Domain:	Social	Representative/Provider:		
Strengths:				
				Time Frame
Needs/Services:				
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type				
Describe Progress:				



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Rehabilitation Plan Services and Objectives

Domain:	Family Dynamics	Representative/Provider:		
Strengths:				
Needs/Services:				Time Frame
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				

Rehabilitation Plan Services and Objectives

Domain:	Gang Intervention	Representative/Provider:		
Strengths:				
Needs/Services:				Time Frame
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				



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Rehabilitation Plan Services and Objectives

Domain:	Additional	Representative/Provider:		
Strengths:				
Needs/Services:				Time Frame
Outcome Goals:				
Objectives/Plan:				
	Program Components			Frequency
Type:				
Describe Progress:				

DRAFT



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This Individual Rehabilitation Plan shall be reviewed and revised by: [Click here to enter a date.](#)

I have participated in the development of this Individual Rehabilitation Plan, and I understand my goals and the services which are being provided to help me meet them.

Youth (Print)	Signature	Date
CLC (Print)	Signature	Date
PCS I/II (Print)	Signature	Date
Therapist (Print)	Signature	Date
Educator (Print)	Signature	Date
Family Member/Advocate/Mentor (Print)	Signature	Date