

# FOOTHILLS GATEWAY, INC. INDIVIDUAL SERVICE & SUPPORT PLAN (ISSP)

Person receiving services: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Assessment Tool: \_\_\_\_\_

Program: \_\_\_\_\_  Day  Res

Short Term Goal Area: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

Duration of Training (no more than 1 year): \_\_\_\_\_

Training Frequency: \_\_\_\_\_

Place of Training: \_\_\_\_\_

## PROJECTED OUTCOME OF ISSP:

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## BASELINE DATA: (data which demonstrates why a behavior has been targeted for change)

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## OBJECTIVE/CRITERIA:

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**DATE ISSP CONTINUED:** \_\_\_\_\_

**REASON:** (changes, progress)  
\_\_\_\_\_  
\_\_\_\_\_

**DATE ISSP DISCONTINUED:** \_\_\_\_\_

**REASON:**  
\_\_\_\_\_  
\_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**This program was explained to me.**

\_\_\_\_\_  
**Signature of Person Receiving Services**

\_\_\_\_\_  
**Date**

**This program was explained to staff working with this consumer.**

\_\_\_\_\_  
**Signature of Staff Providing Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Staff Providing Services**

\_\_\_\_\_  
**Date**

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**Signature of Staff Providing Services**

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**Date**

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**Date**

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**Signature of Staff Providing Services**

\_\_\_\_\_  
**Date**

Revised 4/96; 2/04