

VIRGINIA DEPARTMENT OF SOCIAL SERVICES-DIVISION OF LICENSING PROGRAMS  
MODEL FORMAT DEVELOPED FOR CHILDEN'S RESIDENTIAL FACILITIES

# INDIVIDUAL SERVICE PLAN (ISP)

*(This individualized service plan shall be developed and placed in the resident's record within  
30 days following admission and implemented immediately thereafter.)*

**Name of resident:** \_\_\_\_\_

**Date admitted:** \_\_\_\_\_ **Date ISP developed:** \_\_\_\_\_

**Resident's strengths:** *(as many as warranted)* \_\_\_\_\_

**Resident's needs:** *(as many as warranted)* \_\_\_\_\_

**Resident's current level of functioning:** *(address social, emotional, physical and educational, etc. functioning)* \_\_\_\_\_

|                      |  |                                       |
|----------------------|--|---------------------------------------|
| <b>Goal:</b>         |  |                                       |
| <b>Objective(s):</b> |  | <b>Target Date for each Objective</b> |
| <b>Strategies:</b>   |  |                                       |

|                      |  |                                       |
|----------------------|--|---------------------------------------|
| <b>Goal:</b>         |  |                                       |
| <b>Objective(s):</b> |  | <b>Target Date for each Objective</b> |
| <b>Strategies</b>    |  |                                       |

|                      |  |                                       |
|----------------------|--|---------------------------------------|
| <b>Goal:</b>         |  |                                       |
| <b>Objective(s):</b> |  | <b>Target Date for each Objective</b> |
| <b>Strategies</b>    |  |                                       |

*\* Use as many of these pages as necessary to complete this ISP.*

**Projected family involvement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Status of the projected discharge plan:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated length of Stay:** \_\_\_\_\_

**The information below documents involvement in developing this Individualized Service Plan (ISP) and distribution of the ISP. If the ISP was not distributed to these individuals, the reason is listed in the comment section below.**

| <b>Relationship to resident</b>   | <b>Name of person</b> | <b>Date</b> | <b>Plan distribution made:</b>       |                                  | <b>Comments</b> |
|-----------------------------------|-----------------------|-------------|--------------------------------------|----------------------------------|-----------------|
| Resident (self)                   |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |
| Resident's family, if appropriate |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |
| Legal guardian                    |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |
| Placing agency representative     |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |
| Facility staff                    |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |
| Other                             |                       |             | <input type="checkbox"/> at ISP mtg. | <input type="checkbox"/> via fax |                 |
|                                   |                       |             | <input type="checkbox"/> via mail    | <input type="checkbox"/> other   |                 |

**Signature of the staff person who developed this report:** \_\_\_\_\_