

**Dane County Assisted Living Quality Program  
AFH INDIVIDUAL SERVICE PLAN**

**Individual:** \_\_\_\_\_

**Adult Family Home Provider:** \_\_\_\_\_

**ADMISSION DATE:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

**Check one:**

**Initial ISP** \_\_\_\_\_ **ISP Review** \_\_\_\_\_ **Change of Condition** \_\_\_\_\_ **Amended ISP** \_\_\_\_\_

**Plan Date:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

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

**NOTE: PROVIDER WILL PROVIDE AND MONITOR EACH CATEGORY UNLESS OTHERWISE NOTED.**

**RESIDENT NEEDS AND ABILITIES**

**ACTIVITIES OF DAILY LIVING**

**Bathing:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Grooming:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Oral care:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Dressing:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Shaving:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Nail care:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Hair:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Toileting:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Incontinence needs:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Special dietary needs:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**ASSISTIVE/MOBILITY EQUIPMENT** (wheel chair, walker, cane, etc.)

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**OTHER ASSISTIVE DEVICES** (hearing aids, eyeglasses, dentures, etc.)

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**MEDICAL NEEDS** (catheter care, ostomy care, etc.)

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**MEDICATIONS**     *Please refer to the current Med List and/or MAR*

**WHO WILL ADMINISTER?** \_\_\_\_\_

**PHARMACY:** \_\_\_\_\_

**HEALTH**

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**MENTAL HEALTH/BEHAVIOR DESCRIPTION AND INTERVENTIONS** \_\_\_\_\_

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**LEVEL OF SUPERVISION REQUIRED:**

**At home:** \_\_\_\_\_

**In community:** \_\_\_\_\_

**VOCATIONAL/EMPLOYMENT**

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**RECREATION AND ACTIVITIES**

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**PREFERRED AMOUNT AND TYPE OF SOCIALIZATION**

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**TRANSPORTATION**

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**SERVICES PROVIDED BY OUTSIDE AGENCIES**

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**Persons participating in this service plan:**

<b>Resident:</b>	<b>Date:</b>
<b>Guardian:</b>	<b>Date:</b>
<b>AFH Provider:</b>	<b>Date:</b>
<b>Case Manager:</b>	<b>Date:</b>
<b>Other:</b>	<b>Date:</b>
<b>Date service plan reviewed:</b>	
<b>Persons participating in the review:</b>	