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**Comprehensive Community Services (CCS) Assessment Summary**

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| --- | --- | --- | --- |
| **Consumer’s Name:**  | Name | **Service Facilitator:**  | Name |
| **Date of Birth:**  | DOB |  |  |
| **Date of Application for CCS:**  | Date |  |

**Instructions:** The comprehensive assessment, assessment summary, and recovery plan should be completed within 30 days of receipt of the consumer’s application for CCS (unless an abbreviated process is necessary), and should incorporate, to the greatest extent possible, the *consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources, and needs*.

 **Dates of Completion and Updates:**

|  |  |
| --- | --- |
| **Date the assessment process was explained to the consumer:** | Date |

If the assessment process was abbreviated, please select which of the following circumstances applied:

|  |
| --- |
|[ ]  The consumer's health or symptoms are such that only limited information can be obtained immediately. Notes/Explanation: Enter notes/explanation |
|[ ]  The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application. Notes/Explanation: Enter notes/explanation |
|[ ]  The consumer is immediately interested in receiving only specified services that require limited information. Notes/Explanation: Enter notes/explanation |
| Completion date of abbreviated assessment *(if applicable):* | Date |
| Expiration date of abbreviated assessment *(if applicable)*: | 3 months from application date  |
| **Completion of comprehensive assessment:** | Comprehensive Assessment completion date  |
| **Assessment Updates:**  | Dates updated  |

**In the Consumer’s own words, what would things be like or how would things be different in their life where they would know they were ready for discharge / transition from CCS:** Click or tap here to enter text.

|  |
| --- |
| **Narrative / Diagnostic Formulation** |
| May include information such as presenting issues, predisposing factors (background needs, developmental challenges, trauma history), precipitating factors (what led to the referral), perpetuating factors (ongoing needs or challenges that keep change from happening), protective factors (strengths), and a case for why CCS/clinical services are justified as a medically necessary response. |

**Information on which Outcomes and Service Recommendations are based including Summary of Consumer Priorities and Measurable Goals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Domains with Consumer Priorities** | **Summary of Consumer’s Priorities**  | **Consumer’s Measurable Goals** | **Options for Treatment, Psychosocial Rehabilitation Services, and Self-Help Programs Discussed** | **No Longer a Goal or Goal Met** |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |
| Date | Domain | Priority | [ ]  Work on it now[ ]  Wait/maybe later | Consumer Goal | Options Discussed | [ ]  |

**Significant differences of opinion, if any, which are not yet resolved among members of the recovery team:**

[ ]  The following differences of opinion exist: Click or tap here to enter text.

[ ]  There are no differences of opinion at this time

**Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individuals Participating in the Assessment** | **Relationship to the Consumer** | **Meeting Dates / Dates participating in the Assessment** | **Signature***The assessment process was explained to me, and I was part of the assessment process.* | **Signature Date** |
| Consumer | Relationship | Dates |  |  |
| Parent/Guardian | Relationship | Dates |  |  |
| Service Facilitator | Relationship | Dates |  |  |
| Mental Health Professional | Relationship | Dates |  |  |
| Other Support | Relationship | Dates |  |  |
| Other Support | Relationship | Dates |  |  |