



Iowa Department of Health and Human Services  
**Supervised Apartment Living Services**  
**Service Plan/Quarterly Progress Report/**  
**Discharge Summary Report**

Contractor:

- Service Plan
- Service Plan Update
- Discharge Summary

Form instructions are located with current documents for SAL at  
<https://hhs.iowa.gov/child-welfare-systems/CISR>

Child Name	HHS/JCS Referring Worker
Date of Birth	Phone, Email
Referral Date	Admission Date
State ID	Discharge Date
County & Number	Service Plan Date
HHS Service Area	SP/QPR Date
	Next Report Due Date
	Discharge Summary Date
Address of SAL Living Arrangement	<input type="checkbox"/> Scattered <input type="checkbox"/> Cluster
Date Report provided to HHS/JCS Referring Worker	
Date Report provided to the Parent(s) or Guardian	
Date Report reviewed with the child	
Date Report reviewed with the Parent(s) or Guardian	
Date of Youth Transition Decision-Making Meeting(s)	
Caseworker Name, Phone, and Email	
Education Specialist Name, Phone, and Email	

<b>Service Planning Conference</b>
Date:
Present:

<b>Follow-Up Planning Conference</b>		
Date	Present	Brief Summary

<b>Service Plan Goals</b>			
<b>Goal 1:</b>			
		Projected Completion Date:	Completion Date:
Objective:			
Objective:			
Action Steps:	Person(s) Responsible:		
Progress:			
Outcome:			

<b>Goal 2:</b>			
		Projected Completion Date:	Completion Date:
Objective:			
Objective:			
Action Steps:	Person(s) Responsible:		
Progress:			
Outcome:			

<b>Goal 3:</b>			
		Projected Completion Date:	Completion Date:
Objective:			
Objective:			
Action Steps:	Person(s) Responsible:		
Progress:			
Outcome:			

<b>Goal 4:</b>		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

<b>Individual Child Development and Life Skills</b>	
<b>Casey Life Skills Assessment</b>	
Date:	Summary:
Reassessment Date(s):	Summary:

<b>Life Skills Plan</b>
Life Skills Plan:
Progress during Reporting Period:
Changes to Plan:
Summary at discharge:

<b>Family and Community Connection</b>
Positive Support System:
Plan:
Summarize activity during Reporting Period and recommended changes to Plan:
Summary at discharge:

**Crisis Intervention and Stabilization**

Enter the Crisis Intervention and Stabilization Plan:

Crisis Interventions during Reporting Period and recommended changes to Plan:

Summary at discharge:

**Transition Planning**

Plan:

Progress during Reporting Period and recommended changes to plan:

Summary at discharge:

**Education and Career Planning**

Plan:

Progress during Reporting Period and recommended changes to plan:

Summary at discharge:

**Physical Health**

Enter the Physical Health Summary and Identified Needs and Supports:

Supports provided and newly identified needs during Reporting Period:

Summary at discharge:

**Mental and Behavioral Health and Clinical Supports**

Enter the Mental and Behavioral Health Summary and Identified Needs and Clinical Supports:

Supports provided and newly identified needs during Reporting Period:

Summary at discharge:

**Medication Management**

Enter the Medication Management Plan:

Changes in medication and observation of the child's response to medication during Reporting Period:

Summary at discharge:

**Discharge Information**

Admission:

Discharge:

Number of days in care:

Living Arrangement:

Reason for discharge:

Medications:

Aftercare:

Service Effect:

Caseworker Signature

Date

Supervisor Signature

Date