

Project GREAT Recovery Assessment Form

I. Person-Centered Treatment Plan (Life Goals and Objectives)

Goal 1:

New Consumer/Family Tasks _____

New Provider Tasks/Responsibility _____

Goal 2:

New Consumer/Family Tasks _____

New Provider Tasks/Responsibility _____

II. List Personal Strengths for Consumer related to personal life goals:

1. _____

2. _____

3. _____

III. Systems-based Treatment Plan:

Is this individual/family appropriate for referral for Peer Support Services? (e.g., Peer Support Specialist, AA, NA, NAMI, Parent-to-Parent, Bereaved Parents of America)?

YES

NO

Would the consumer like to participate in Peer Support Services here in our agency?

YES

NO

Would any of the following community support areas be appropriate for consideration in your treatment planning (Please circle appropriate services):

Activities/Hobbies Child Care Financial support Health Care

Housing Physical fitness Occupational/job support

School/Educational Support Spiritual/religious support

Substance Abuse Program Transportation Other _____

IV. Hope Assessment: Person's beliefs that they are capable of doing things to make things better: High Medium Low

Person's beliefs that there are pathways toward making things better: High Medium Low