

**Scott County Human Services
CLIENT CARE PLAN**

Client: Pathway , Adult Admit-Omaha2`

Client ID#: 1155330448
Admission Date: 07-31-2006

16 Abuse Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|---------------------------------|------------------------------|
| S | Signs/Symptoms-Mental/Emotional | Other |
| S | Signs/Symptoms-Physical | Unexplained Injuries |
| TGC | Safety | Safety Plan |
| TGC | Other Community Resources | Other Resource Options |
| TGC | Support System | Active Listening |

40 Family Planning Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|----------------------|---|
| S | Family Planning Care | Follow Guidelines Of Method |
| TGC | Family Planning Care | Methods |
| TGC | Family Planning Care | Sexually Transmitted Disease Prevention |
| TGC | Family Planning Care | Resources |

01 Income Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|---------------|--|
| S | Finances | Use of Available Resources |
| S | Finances | Income Vs. Expenses |
| TGC | Finances | Community Resources WIC, Health Insurance, Food Shelf, CAP Agency resources |
| TGC | Finances | Long-Range Planning / Decision Making |

12 Mental Health Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|--------------------------------|--|
| S | Coping Skills | Adequate / Appropriate |
| S | Interaction | Adequate / Appropriate With Family / Friends |
| TGC | Other Community Resources | Referral Process |
| TGC | Medication Action/Side Effects | Important To Take As Prescribed Purposes /Benefits, Changes to Note and Report in Timely Manner |

03 Residence

Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|---------------|--|
| S | Safety | Home Safety Assessment |
| TGC | Safety | Fire Prevention / Safety Lead Risk, Presence of Hazards |
| CM | Home | Community Support Systems |

39 Substance Use

Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|-------------------------|---|
| S | Substance Use Cessation | Use Pattern |
| TGC | Behavior Modification | Decrease / Stop Smoking / Tobacco Use |
| TGC | Behavior Modification | Decrease / Stop Alcohol Use |
| TGC | Behavior Modification | Decrease / Stop "Street" Drug Use |
| TGC | Behavior Modification | Decrease / Stop Prescription Medication Use |
| TGC | Substance Use Cessation | Effects Of Use On Self |
| TGC | Substance Use Cessation | Effects Of Use On Others |
| TGC | Substance Use Cessation | Treatment Options Resources |

04 Neighborhood/Workplace Safety

Potential Problem

Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|---------------------------|--|
| TGC | Home | Other Disaster Kit, Family Communications Plan, Awareness |
| TGC | Other Community Resources | Other Local, State, and Federal resources |
| S | Safety | Other Progress in developing a disaster kit and family communication plan |