

**Scott County Human Services  
CLIENT CARE PLAN**

**Client:** Pathway , JAF Assessment

**Client ID#:** 1172587849  
**Admission Date:** 01-01-2007

41 Health Care Supervision Potential Problem Individual

**Initial Rating**                      **K**      **B**      **S**  
**Target Outcome**                      **K**      **B**      **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Medical/Dental Care	Adequate / Appropriate
S	Signs/Symptoms-Mental/Emotional	Behavioral Changes
S	Signs/Symptoms-Physical	Vital Signs / Blood Pressure
S	Signs/Symptoms-Physical	Evidence Of Disease / Infection
TGC	Nursing Care	Preventive
TGC	Wellness	Immunizations
TGC	Wellness	Lifestyle Includes Physical / Emotional / Spiritual Activities
TGC	Wellness	Avoid Areas That Are High-Risk For Infection
TGC	Wellness	Importance Of Routine Preventive Evaluations
TGC	Wellness	Routine Dental Care

39 Substance Use Potential Problem Individual

**Initial Rating**                      **K**      **B**      **S**  
**Target Outcome**                      **K**      **B**      **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Mental/Emotional	Depression
S	Signs/Symptoms-Physical	Long-Term Effects / Risk For Illness / Disease
TGC	Behavior Modification	Motivate Change
TGC	Substance Use Cessation	Effects Of Use On Self
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