

### CASE MANAGEMENT SERVICE PLAN

This form is issued under 252.12 (2) 8, Wis. Stats. personally identifiable information is collected to assist case managers in planning and coordinating services for persons with HIV infection and will be used only for that purpose.

<b>Case Manager</b>	<b>Client</b>	<b>File No.</b>
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Problem Statement	Goal(s) (expected outcomes)	Action Steps	Responsibility	Date	
				Start	End

**Notes:**

<b>Case Manager</b>	<b>Client</b>	<b>File No.</b>
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I have read, understand, and agree with the above service plan.

<b>SIGNATURE – Client or Guardian</b>	<b>Date Singed</b> <input type="checkbox"/> <b>Verbal consent</b>
<b>SIGNATURE - Case Manager</b>	<b>Date Signed</b>
<b>SIGNAUTRE – Supervisor</b>	<b>Date Signed</b>

**Supervisor Comments:**

**Review Schedule:**

Acuity Level	Case Manager	Client	Supervisor
<b>Level 1</b>	Twice Annually	Twice Annually	Annually
<b>Level 2</b>	Twice Annually	Twice Annually	Twice Annually
<b>Level 3</b>	Quarterly	Quarterly	Twice Annually