## PDPA Use Only

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## Personal Development Plan Appendix 86

**PERSONAL DEVELOPMENT PLAN**

**Date:**- - - - - - - - - - - - -

# Personal Development Plan Caseworker:

**Section A** - **Client History Part 1: Personal Information** Residents Name:

# Date of Birth:

First Middle Last

# S.I.N:(optional)\_ \_ \_

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Health Card Number: - - - - - - - - - - - -

## Emergency Contact/s:

Name/s:

Address/s:

Other 1.0 .: - - - - - - - - - -

# Phone number/s: - - - - - - - - - - - - - - - - - - - - - - - - - -

Relationship:\_ \_ \_

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## Part 2: Assessment of Needs

**2 A. Immediate Needs**

State Needs :- - - - - - - - - - - - - - - - - - - - - - - - - - -

## 2 B. Short Term Goals

Immediate short term goals (1-3 months)

## 2 C. Long Term Goals

Long term goals (3-12 months)

How can we help you reach these goals?

## Section B - Housing Part 1:Type of Housing

Reasons for seeking accommodation :

Length of time without

housing:- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

# Housing history (review barriers to housing in the

past):\_ \_ \_ \_ \_

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## Section C - Financial

**Part 1: Income Source**

Income Source: oo Employment OD Employment Insurance no Pension(s)

OO ln come Assistance DO Disability Benefits oo Training Program oo No Source of Income

oo Other----------------------------

Your I.A. Office:----------- Worker's

Name:--------------

Phone Number: - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

## Part 2: Employment

Specific areas of employment interested in: - - - - - - - - - - - - - - - - - -

Skills relating to areas of interest: \_ \_ \_ \_

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Types of training that are needed to upgrade or have the appropriate skills to work in this field:

Interest in in-house training programs **Y/N.** List programs and details:

Employment Status: Y / **N** If employed: Full time 1m Part time DDCasual m10n Callo

Up to date resume: Y / **N** (Please attach if so.)

Last date of work, Type of work? (Review barriers to steady employment)

**Part 3: Budget**

Management of current budget, list details:

Need for assistances with budget? Y/N list details:\_ \_

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Review budgeting issues: \_

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**Section D - Educational Level of Education**

High School Diploma Y/ **N** If no have you or would you like to complete GED? **Y/ N**

Secondary Education: Y/N Type: Trade School cmCollege DD University IJ

Further

details:- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Special skills (i.e. computer skills) list details

Future educational Goals - - - - - - - - - - - - - - - - - - - - - - - -

## Section E - Spiritual (optional)

Need information on our Chapel and Devotional Services. YIN Referral to Chaplains. Y/N

## Section F - Medical

Current Medical Health list details :

Any special needs or conditions (dietary or other wise):\_ \_ \_ \_

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Prescribed medication/s? YIN List details:- - - - - - - - - - - - - - - - - -

Mental health concerns, List history and mental health supports: \_ \_ \_

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Issues or concerns with alcohol, drugs, gambling, or any other addictions in the past or present? Y/ **N** Give details: - - - - - - - - - - - - - - - - - - - - - - - -

Doctor's name/s and phone number/s:\_ \_ \_ \_

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## Addiction Treatment History:

Detox DD Treatment center DD Supportive Recovery DD

Methodone Maintenance DD Addiction Support Meetings D

Further Details:

## Section G - Volunteering

Interest in Volunteer Work Y/N, List details:- - - - - - - - - - - - - - - - -

Other information:------------------------