



# Person-Centered ADS Plan of Care Addendum

Initial

Review

Participant Name: \_\_\_\_\_ CCP Participant ID# \_\_\_\_\_ DOB: \_\_\_\_\_

Existing Health Conditions: \_\_\_\_\_

Participant's Expressed Long-Term Goals: \_\_\_\_\_

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
	<p><b>Nutrition</b> <i>e.g. diet, adaptive equipment, grocery shopping</i></p>					
	<p><b>Personal Care</b> <i>e.g. grooming, dressing, bathing, incontinence</i></p>					
	<p><b>Health</b> <i>e.g. vital monitoring, blood sugar checks, medication administration, breathing treatments</i></p>					
	<p><b>Socialization/Activities/Communication</b> <i>e.g. isolation, cultural considerations, telephoning, translation services, community integration</i></p>					

**Outcome Scores:**

1=Goal met. No further intervention needed. Remove from plan.

2=Goal met. Maintain goal until next review.

3=Goal not met. Maintain goal until next review.

4=Goal not met. Remove and/or revise goal.

