## Individualized Program Success Plan

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

**Individualized Success Plan[[1]](#footnote-1)**

**LEADING EMERGING ADULTS TO DEVELOP SUCCESS (LEADS) PROGRAM**

|  |  |  |
| --- | --- | --- |
| Full Name: |  | |
| Current Address: |  | |
| City/State/Zip: |  | |
| Phone Number: |  | home cell other |
| Alt. Phone Number: |  | home cell other |
| Email Address: |  | |

**Supportive Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Name: |  | Relationship: |  | Phone: |  |
| Secondary Name: |  | Relationship: |  | Phone: |  |

**Goal for Success: Employment**

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| --- | --- | --- | --- |
| **Current Employment** | | **Goal Employment** | |
| I am presently: | Employed | At the conclusion of the program, I will be: | Employed |
| Underemployed  (not having enough paid work) | Underemployed  (not having enough paid work) |
| Unemployed | Unemployed |
| Disabled | Disabled |
| Retired | Retired |
| I work: | Full-Time | At the conclusion of the program, I will be working: | Full-Time |
| Part-Time | Part-Time |
| My job provides the following benefits to me: |  | At the conclusion of the program, I will have the following benefits provided by my job: |  |
| Do you need help in finding employment? | |  | |
| Are there any professions or trades in which you are interested in seeking employment? | |  | |
| Do you need any type of tools, training, or certifications for those professions or trades? | |  | |
| **In order to achieve my goal, I will:** | | | |
|  | | | |

**Goal for Success: Housing**

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| --- | --- | --- | --- |
| **Current Housing Situation** | | **Goal Housing Situation** | |
| Where do you currently live: | Parents’ home | At the conclusion of the program, you will be living: | Parents’ home |
| Relative’s home | Relative’s home |
| Friend’s home | Friend’s home |
| Own home | Own home |
| Renting | Renting |
| Halfway house | Halfway house |
| Shelter | Shelter |
| Homeless | Homeless |
| Other | Other |
| Do you need housing assistance? If so, what type? | |  | |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Education**

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| --- | --- | --- | --- |
| **Current Education Situation** | | **Goal Education Situation** | |
| What is your current level of education: | Some Elementary/Middle School | At the conclusion of the program, your level of education will be: | Some Elementary/Middle School |
| Some High School | Some High School |
| HS Diploma | HS Diploma |
| GED | GED |
| Some College | Some College |
| College degree | College degree |
| Some graduate work | Some graduate work |
| Graduate degree | Graduate degree |
| Vocational/Certificate Program | Vocational/Certificate Program |
| Describe any vocational training or degree that you have received. | |  | |
| Are your licenses or certifications valid or current? | |  | |
| Are you interested in receiving any type of educational or vocational training or assistance? If so, what kind? | |  | |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Controlled Substance Abuse**

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| --- | --- | --- | --- |
| **Current Controlled Substance Use** | | **Goal Controlled Substance Use** | |
| Are you currently using controlled substances? If so, what and how often: |  | At the conclusion of the program, your use of non-prescribed substances will be? |  |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Cognitive Skills Treatment Program**

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| --- | --- | --- | --- |
| **Current Cognitive Skills Treatment Program** | | **Goal Cognitive Skills Treatment Program** | |
| Have you ever participated or completed a cognitive skills treatment program(such as Courage to Change, DBT, MRT)? If so, when and how often: |  | At the conclusion of the program, which cognitive skills treatment program will you have done? |  |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Legal Compliance**

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| --- | --- | --- | --- |
| **Current Status of Legal Compliance** | | **Goal Status of Legal Compliance** | |
| I am presently aware of the following legal issues that I need to address: |  | At the conclusion of the program, my legal issues will be: |  |
| Do you currently have requirements for compliance for state parole or probation? | |  | |
| Do you have outstanding probation or parole fees? Do you need help addressing these fees? | |  | |
| Do you have outstanding tickets/charges or a DWI/DUI suspension preventing you from getting a valid Driver’s License? Do you need help addressing these tickets/charges? | |  | |
| Do you have outstanding restitution payments? Do you need help addressing these payments? | |  | |
| Do you have outstanding child support payments? Do you need help addressing these payments? | |  | |
| Do you have outstanding taxes? Do you need help addressing these taxes? | |  | |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Prosocial Network**

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| --- | --- | --- | --- |
| **Current Status of Prosocial Networks** | | **Goal Status of Prosocial Networks** | |
| The most positive and supportive people in my life now are: |  | At the conclusion of the program, the most positive and supportive people in my life will be: |  |
| My current relationships I’d like to charge are: |  | At the conclusion of the program, I will replace my unhealthy or hurtful relationship with a relationship with the following people or groups: |  |
| I currently spend my free time doing: |  | At the conclusion of the program, I will spend my free time doing: |  |
| **In order to achieve my goal, I will:** | | | |
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**Goal for Success: Community Health Resources**

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| --- | --- | --- | --- |
| **Current Medical Health Status** | | **Goal Medical Health Status** | |
| Have you been diagnosed with any mental health issues? Are you treating those issues? |  | At the conclusion of the program, I will be addressing my medical issues by: |  |
| Do you have health insurance? |  | At the conclusion of the program, my medical insurance status will be: |  |
| Do you have a treatment provider? |  | At the conclusion of the program, my treatment provider will be? |  |
| Do you believe that you are eligible for services from Social Security? Why? | |  | |
| **In order to achieve my goals for medical health, I will:** | | | |
|  | | | |
| **Current Mental Health Status** | | **Goal Mental Health Status** | |
| Do you have any mental health issues? Are you treating those issues? |  | At the conclusion of the program, I will be addressing my mental health issues by: |  |
| Do you have a treatment provider? |  | At the conclusion of the program, my treatment provider will be? |  |
| **In order to achieve my goals for mental health, I will:** | | | |
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**Goal for Success: Restorative and Reflection**

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| --- | --- |
| Describe what happened to put you in this situation: |  |
| What law did you break or violate? |  |
| What were you thinking about at the time? |  |
| What have you thought about since the incident? |  |
| How do you feel about your behavior? |  |
| Aside from yourself, who has your behavior and actions affected? How have they been affected? |  |
| What will you do to help those affected by your behavior? |  |
| What will be your first step to help those affected? |  |
| At the conclusion of this program, what will be your steps to deal with the consequences of the crime and decide how best to repair the harm. |  |

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| --- | --- |
| **Phase 1 Goals:** | |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
|  |  |
| **Phase 2 Goals:** | |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
| **Phase 3 Goals:** | |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
|  |  |
| **Phase 4 Goals:** | |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
| **Other** | |
|  | |

1. This success plan applies to the pilot program only. It does not extend beyond the pilot program. [↑](#footnote-ref-1)