

Strengths Assessment

Consumer's Name

Case Manager's Name

Current Status: What's going on today? What's available now?	Individual's Desires, Aspirations: What do I want?	Resources, Personal Social: What have I used in the past?
Daily Living Situation		
Financial/Insurance		
Vocational/Educational		
Social Supports		

Health		
Leisure / Recreational		
Spirituality/Culture		

What are my priorities?

- 1. 3.
- 2. 4.

<p>Consumer's Comments:</p> 	<p>Case Manager's Comments:</p>
<p>_____ Consumer's Signature Date</p>	<p>_____ Case Manager's Signature Date</p>