

# Strengths Assessment

Participant's Name \_\_\_\_\_

Case Manager's Name \_\_\_\_\_

Date Began: \_\_\_\_\_

Dates Updated: \_\_\_\_\_

<b>CURRENT STATUS</b> What's going on today? What's available now?	<b>PARTICIPANT'S ASPIRATIONS AND DESIRES:</b> What do I want?	<b>PERSONAL &amp; SOCIAL RESOURCES:</b> What have I used in the past?
	<b>Daily Living Situation (Housing/Transportation)</b>	
	<b>Financial</b>	
	<b>Vocational/Educational</b>	
	<b>Family/Relationships</b>	

	<b>Health</b>	
	<b>Social Support/Leisure</b>	
	<b>Recovery</b>	
	<b>Spirituality/Cultural</b>	

What are my priorities?

- 1.
- 2.
- 3.
- 4.

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Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Case Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_