



INDIVIDUAL TREATMENT PLAN / TREATMENT PLAN UPDATE

State Form 46492 (3-94)

Department of Correction
Substance Abuse Program

Facility

Name of client /offender	DOC number	PRD																
Presenting problems																		
Long term goals																		
Identified by:																		
Problem ()																		
Objective																		
Methods																		
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Staff Responsible																		
Time Frame																		
Completion Date																		
Signature of staff			Signature of client / offender			Date signed (month, day, year)												