



- Younger Youth
- Older Youth
- In School
- Out of School

INDIVIDUAL SERVICE STRATEGY REVISION

Name: _____

Last Four Digit of SSN: _____

Case Manager: _____

Date of Revision: _____

Reason for Revision:

Goal	Activity	Provider (Referred to)	Date Started (VOS)	Anticipated End Date (VOS)	Actual End Date (VOS)

Case Manager Comments:

Participant Signature

Date

Parent/ Guardian Signature

Date

Case Manager Signature

Date

Print Staff Name

Youth Program Agency

Phone No.

Copy to: Participant

File