

Strengths Assessment

Client's Name _____

Recovery Coach'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 Supports		
Spirituality		

What are my priorities?

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

Consumer's Comments:	Case Manager's Comments:
_____	_____
Consumer's Signature Date	Case Manager's Signature Date