

SNAP

Please check next to those that apply.

Strengths: What personal qualities do you have which we can build up in treatment?

Open minded	Independent	Hard worker
Takes personal responsibility	Dependable	Good health
Good problem solver	Quick learner	Good grooming
Friendly	Assertive	Able to learn from my experiences
Strong personal or spiritual values	Motivated	Organized
Good listener	Can collaborate/work well with others	

Others: _____

Needs: What would help you achieve your goals?

Increase my knowledge of resources that provide me support	Get help to stop smoking	Learn more about effective coping skills related to managing mental health diagnosis
Referral to resources for job training or education	Learn how to empower myself to take a more active role in my treatment	Learn more about effective coping skills related to leisure skills
Access to medical care for health related concerns	Increasing effective communication skills to improve my relationships with others	Learn more about effective coping skills related to organization of daily activities
Gain more knowledge about my understanding about my medical diagnosis	Learn not to talk about my concerns, issues, feelings	Learn more about effective coping skills related to managing anger
Gain more knowledge and understanding about my medication(s)	Practice my coping skills in a safe environment	Learn more about coping skills related to mood regulation
Gain more knowledge about understanding my symptoms/ behaviors related to my mental health diagnosis	Learn more about effective coping skills related to reducing anxiety and using relaxation	Learning more about coping skills related to improving reality-based thinking
Learn more about effective coping skills related to eating healthy		

Others: _____

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Top 3 priorities of Needs:

1. _____
2. _____
3. _____

Abilities: What skills do you possess?

Basic ability to read and write	Knowledge or tools that I use to help me manage my emotions	Ability to make healthy decisions about my life
Computer knowledge	Ability to have positive relationships with others	Ability to manage my time and structure my daily activities
Ability to work effectively with others		

Job Skills: _____

Education/Training: _____

Leisure Skills: _____

Other: _____

Preferences: How do you want your treatment?

I prefer my family or friends to be involved in my treatment	I learn new information better with reading written material alone	I would love to life independently with community support
I would like to have a family meeting	I learn new information better reading then discussing with others	I would like to live with others
I learn new information better face to face	I learn new information sharing information with a group of peers	I am interested in learning more about outpatient programs
I learn new information better hands on instruction and practice	I would like to live independently, on my own	I am interested in learning more about community resources

Other ideas about my living situation: _____

Other areas of interest interested in learning more about: _____

Other: _____