

## Personal Goal Plan

My Name:

Today's Date:    /    /

My Case Manager:

### Progress & Accomplishments Since My Last Goal Plan

Goals	My Goal Relates to:	Steps to Take Toward My Goal		Benefits of Achieving My Goal	Potential Barriers to Achieving My Goal
		Step	Person Responsible		
1.  Goal is: <b>Short Term</b> <input type="checkbox"/> Review Date: <b>Long Term</b> <input type="checkbox"/> Review Date:	<input type="checkbox"/> Housing <input type="checkbox"/> Financial Security <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Legal <input type="checkbox"/> Supports <input type="checkbox"/> Enjoyable Activity <input type="checkbox"/> Other:				How I Can Minimize Them:
2.  Goal is: <b>Short Term</b> <input type="checkbox"/> Review Date: <b>Long Term</b> <input type="checkbox"/> Review Date:	<input type="checkbox"/> Housing <input type="checkbox"/> Financial Security <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Legal <input type="checkbox"/> Supports <input type="checkbox"/> Enjoyable Activity <input type="checkbox"/> Other:				How I Can Minimize Them:
3.  Goal is: <b>Short Term</b> <input type="checkbox"/> Review Date: <b>Long Term</b> <input type="checkbox"/> Review Date:	<input type="checkbox"/> Housing <input type="checkbox"/> Financial Security <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Legal <input type="checkbox"/> Supports <input type="checkbox"/> Enjoyable Activity <input type="checkbox"/> Other:				How I Can Minimize Them:

Collaborative Agreement on Goals

Declined to Participate in Goal-Setting

Participant Signature

Date

Case Manager Signature

Date

## 6 Month Referral Checklist

	Type of Referral	Notes about Referral (name of agency, address, phone, contact name)
<input type="checkbox"/>	Education/Employment	
<input type="checkbox"/>	Food/Nutrition	
<input type="checkbox"/>	Health: Primary Care	
<input type="checkbox"/>	Health: Specialist	
<input type="checkbox"/>	Health: Dental/Vision	
<input type="checkbox"/>	Housing	
<input type="checkbox"/>	Income	
<input type="checkbox"/>	Public Benefits	
<input type="checkbox"/>	Legal	
<input type="checkbox"/>	Mental Health	
<input type="checkbox"/>	Substance Use	
<input type="checkbox"/>	Transportation	
<input type="checkbox"/>	Other:	

Case Manager Signature	Date	General Notes about Referrals

