



County

### SERVICE PLAN GOALS

<b>Member Name</b>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address</b>			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Medicaid #</b>			

<b>LONG TERM GOAL</b>

<b>CHALLENGES</b>	<b>STRENGTHS</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

<b>ANTICIPATED OUTCOMES</b>	<b>ACTION STEPS</b>

Member/Legal Representative Initial's \_\_\_\_\_  
NOTE: Full signature required on final page only. Initials required for all others.

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County

### SERVICE PLAN GOALS (continued)

<b>Member Name</b>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
	<b>Medicaid #</b>		

ANTICIPATED OUTCOMES	ACTION STEPS

Member/Legal Representative Initial's \_\_\_\_\_  
NOTE: Full signature required on final page only. Initials required for all others.

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County

**SERVICE PLAN GOALS (final page)**

<b>Member Name</b>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
	<b>Medicaid #</b>		

ANTICIPATED OUTCOMES	ACTION STEPS

<b>Signature of Member or Legal Agent</b>		<i>(If Member signs with mark, two witnesses are required.)</i>	
		<b>Date</b>	
<b>Signature of Witness</b>	<b>Date</b>	<b>Signature of Witness</b>	<b>Date</b>
<b>Signature of Case Manager</b>		<b>Date</b>	