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| **Goal # 3** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) | | | | | | |
| Goal | | | | | | |
| **Associated Domain(s):** Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable) | | | | | | |
| **OBJECTIVE #1** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #1 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #1)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #1)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #2** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #2 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #2)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #2)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #3** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #3 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #3)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #3)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **Goal # 4** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) | | | | | | |
| Goal | | | | | | |
| **Associated Domain(s):** Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable) | | | | | | |
| **OBJECTIVE #1** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #1 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #1)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #1)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #2** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #2 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #2)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #2)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #3** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #3 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #3)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #3)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **Goal # 5** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) | | | | | | |
| Goal | | | | | | |
| **Associated Domain(s):** Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable) | | | | | | |
| **OBJECTIVE #1** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #1 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #1)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #1)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #2** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #2 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #2)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #2)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #3** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #3 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #3)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #3)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **Goal # 6** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) | | | | | | |
| Goal | | | | | | |
| **Associated Domain(s):** Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable) | | | | | | |
| **OBJECTIVE #1** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #1 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #1)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #1)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #2** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #2 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #2)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #2)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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| **OBJECTIVE #3** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)   |  | | --- | | Objective #3 | | | | | | | | |
| **INTERVENTIONS (Related to Objective #3)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) | | | | | |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |
| Service Category | Intervention | Frequency/Intensity | Payment Source | Start Date | End Date |

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| **PROGRESS AND NEEDS UPDATE (Related to Objective #3)** | | |
| Date of Review | Status | Narrative Update (may include barriers, consumer and team discussion, consumer satisfaction with services) |
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