**Action Plan Worksheet**

Please checkmark any service or resources that you think would benefit you:

|  |  |  |
| --- | --- | --- |
| Housing |[ ]  Rent Assistance |[ ]  Benefits Assistance |[ ]
| Childcare |[ ]  Transportation |[ ]  SSI/SSDI |[ ]
| Food |[ ]  Clothing |[ ]  Counseling |[ ]
| GED |[ ]  Addiction Services |[ ]  Parenting Classes |[ ]
| Employment |[ ]  Medical Resources |[ ]  Career Counseling |[ ]
| Vocational/Technical College |[ ]  College Courses |[ ]  Computer Training |[ ]
| Job Search Assistance |[ ]  Resume Writing |[ ]  Interview Techniques |[ ]
| Budgeting |[ ]  Credit Counseling |[ ]  Debt Consolidation |[ ]
| Healthcare |[ ]  Nutrition Counseling |[ ]  Other Health Issues |[ ]
| Home Health Care |[ ]  Depression Counseling |[ ]  Anger Management |[ ]
| Grief Counseling |[ ]  Personal/Family Counseling |[ ]  Stress Management |[ ]
| Mental Health |[ ]  Energy Assistance (Utility) |[ ]  Home Ownership |[ ]
| Assistance w/ Schools |[ ]  Legal Issues |[ ]  Starting/Owning Business |[ ]
| Motivational Techniques |[ ]  Life Strategies |[ ]  Other (specify) |[ ]

Every one of us has strengths and challenges. What do you think are your strengths and challenges toward meeting your goals?

|  |  |  |
| --- | --- | --- |
| **Strengths** |  | **Challenges** |
|  |  |  |
|  |  |  |

We will be reviewing your action plans periodically to identify any goals that have been met or anything else we might be able to do to work on your action plan. We will meet every 30 days to assess your continued need for Program services. During those meetings, we may also review your client action plan.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_