

1. Goal Summary

Date _____/_____/_____

Staff Name: _____

Agency Name _____

Program Name: _____

2. Client Information

First Name _____ MI _____ Last Name _____ Suffix _____

Client ID (Computer Generated) _____ SS# _____ - _____ - _____

3. Goal Details

Financial		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Budget finances				
<input type="checkbox"/>	Obtain public assistance benefits				
<input type="checkbox"/>	Save 30% of income				
Employment		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Maintain employment				
<input type="checkbox"/>	Obtain full-time employment				
<input type="checkbox"/>	Obtain part-time employment				
Childcare		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Obtain adequate childcare				
<input type="checkbox"/>	Obtain childcare subsidy				
Education		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Complete adult basic education				
<input type="checkbox"/>	Complete ESL program				
<input type="checkbox"/>	Complete GED				
<input type="checkbox"/>	Complete vocational training				
<input type="checkbox"/>	Enroll in adult basic education				
<input type="checkbox"/>	Enroll in ESL program				
<input type="checkbox"/>	Enroll in GED program				
<input type="checkbox"/>	Enroll in vocational training				
<input type="checkbox"/>	Graduate from high school				
Life Skills		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Meet all basic needs of daily living without assistance				
Credit History		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Increase credit rating				
<input type="checkbox"/>	Reduce debt ratio				
<input type="checkbox"/>	Repair/correct credit report				
<input type="checkbox"/>	Enroll in credit counseling				

Notes: _____