

1. Goal Summary

Date _____ / _____ / _____ Staff Name: _____
 Agency Name _____ Program Name: _____

2. Client Information

First Name _____ MI _____ Last Name _____ Suffix _____
 Client ID (Computer Generated) _____ Last Four Digits of SS# _____

3. Goal Details

Housing		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Obtain short term housing				
<input type="checkbox"/>	Obtain long term housing				
Employment		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Obtain part-time employment				
<input type="checkbox"/>	Obtain full-time employment				
<input type="checkbox"/>	Receive employment assistance/training				
Financial		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Obtain public assistance benefits				
<input type="checkbox"/>	Enroll in credit/financial counseling				
<input type="checkbox"/>	Save percentage of income				
Education		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Enroll/complete adult basic education				
<input type="checkbox"/>	Enroll/complete GED				
<input type="checkbox"/>	Enroll/complete ESL program				
<input type="checkbox"/>	Enroll/complete vocational training				
<input type="checkbox"/>	Obtain educational aid				
Medical		Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/>	Obtain health insurance				
<input type="checkbox"/>	Mental health treatment				
<input type="checkbox"/>	SA treatment				

Notes: _____

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____