

Action Plan



Customer Name: _____ ADRC/ADRS Staff Name: _____

Options Counseling Date: _____ Date ADRC/ADRS will call to follow up: _____

My goal is:

Next steps(s):

Who will complete the step(s):

Date step(s) will be completed:

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Date step(s) will be completed:

Customer signature: _____ ☐ (In lieu of signature, please check)