## **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:
My goal is:	
Next step(s):	
Who will complete the step(s):	Date step(s) will be completed:
My goal is:	
Next steps(s):	
Who will complete the step(s):	Date step(s) will be completed:
Customer signature:	$□$ (In lieu of signature, please check $\checkmark$ ) Wisconsin Department of Health Services F-00888 (07/2023)