| **A/D Consumers Only:** ASI Category: | Score: | KCPC Dimension: |
|---|---|---|

**Problem:**

**Long Term Goal: (In the words of the Consumer)**

**Short Term Goal(s)/Objective(s)**

| **Tasks: What** | **Who** | **How Often** | **Date to Be Done** |
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| **Consumer Signature:** | **Date:** | **Primary CMHCCC Staff Signature:** | **Date:** |
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**Supportive Services:**

| **Consumer Name:** | **Consumer Case Number:** | **Plan Date:** |
|---|---|---|