

MDHHS Case Management Care/Service Plan

Client: _____

Date: _____

No: _____ Identified Need: _____ Objective: _____

Outcome: Met Deferred Continuing Date of Outcome: _____

	Who?	Action Steps (Tasks & Referrals)	Target Date	Outcome	Date of Outcome
1					
2					
3					
4					
5					

No: _____ Identified Need: _____ Objective: _____

Outcome: Met Deferred Continuing Date of Outcome: _____

	Who?	Action Steps (Tasks & Referrals)	Target Date	Outcome	Date of Outcome
1					
2					
3					
4					
5					

No: _____ Identified Need: _____ Objective: _____

Outcome: Met Deferred Continuing Date of Outcome: _____

	Who?	Action Steps (Tasks & Referrals)	Target Date	Outcome	Date of Outcome
1					
2					
3					
4					
5					

No: _____ Identified Need: _____ Objective: _____

Outcome: Met Deferred Continuing Date of Outcome: _____

	Who?	Action Steps (Tasks & Referrals)	Target Date	Outcome	Date of Outcome
1					
2					
3					
4					
5					

Client Statement: I have worked alongside my case manager to create this individualized plan for my care and will talk to my case manager about any significant life changes that may impact this plan. I have been offered a copy of this plan: Yes No

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____