



1. Goal Summary

Date ____/____/____

Staff Name: _____

Agency Name _____

Program Name: _____

2. Client Information

First Name _____ MI _____ Last Name _____ Suffix _____

Client ID (Computer Generated) _____

SS# _____ - _____ - _____

3. Goal Details

Financial	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Budget finances				
<input type="checkbox"/> Obtain public assistance benefits				
<input type="checkbox"/> Save 30% of income				
Employment	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Maintain employment				
<input type="checkbox"/> Obtain full-time employment				
<input type="checkbox"/> Obtain part-time employment				
Food	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Meet basic food needs without assistance				
Childcare	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Obtain adequate childcare				
<input type="checkbox"/> Obtain childcare subsidy				
Education	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Complete adult basic education				
<input type="checkbox"/> Complete ESL program				
<input type="checkbox"/> Complete GED				
<input type="checkbox"/> Complete vocational training				
<input type="checkbox"/> Enroll in adult basic education				
<input type="checkbox"/> Enroll in ESL program				
<input type="checkbox"/> Enroll in GED program				
<input type="checkbox"/> Enroll in vocational training				
<input type="checkbox"/> Graduate from high school				
Life Skills	Date Set	Target Date	Completion Date	Comments
<input type="checkbox"/> Meet all basic needs of daily living without assistance				

Notes
