



GOAL PLANNING TOOL

Practitioners & Participants Working Together

> DESIRED DIRECTION *(focus on possibility, not obligation)*

> ANCHOR VALUES *(examples - Independence, health, presence)*

> GOAL - *what do you want to achieve?*

> REALITY - *where are you now? what benefits are you using?*

> OPTIONS - *what paths, supports, or resources could help?*

> WAY FORWARD - *what actions will you take? when?*

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ACTION PLAN SUMMARY - Top 3 Actions for next 30 days

1.	Yes/No
2.	Yes/No
3.	Yes/No

Support Needed?

MILESTONE TRACKER

Milestone/Goal	Actions	Target Date	Status	Support?	Benefits Impact?
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	
		___/___/___	Open/Closed	Yes/No	

RECERTIFICATION TRACKER

Benefit/Program	Benefit Amount	Recert Date	Early Reporting?	Income Threshold	Risk Level	Compliance Action
Housing	\$	___/___/___	Yes/No	\$	High/Low	
Utilities	\$	___/___/___	Yes/No	\$	High/Low	
SNAP	\$	___/___/___	Yes/No	\$	High/Low	
Health	\$	___/___/___	Yes/No	\$	High/Low	
Health/Kids	\$	___/___/___	Yes/No	\$	High/Low	
Care/Kids	\$	___/___/___	Yes/No	\$	High/Low	
Other	\$	___/___/___	Yes/No	\$	High/Low	