

CARREN COPY

# Family-Centered Action Plan

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Healthy Homes Coalition staff: \_\_\_\_\_

*Goals are made based on concerns in the home that may affect a child's health and well-being. We will discuss goals at each visit.*

Goal 1: \_\_\_\_\_

\_\_\_\_\_

Date to be achieved: \_\_\_\_\_

\_\_\_\_\_

Date achieved: \_\_\_\_\_

Goal 2: \_\_\_\_\_

\_\_\_\_\_

Date to be achieved: \_\_\_\_\_

\_\_\_\_\_

Date achieved: \_\_\_\_\_

Goal 3: \_\_\_\_\_

\_\_\_\_\_

Date to be achieved: \_\_\_\_\_

\_\_\_\_\_

Date achieved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Next Appointment Reminder

On: Mon. Tue. Wed. Thurs. Fri.

\_\_\_\_\_ at \_\_\_\_\_ AM/PM

*This time is reserved for you. If you are unable to keep your appointment, please call us at (616) 241-3300 at least 24 hours in advance so that we may schedule a new time for you.*