



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Strengths-Based Goal Plan

Participant: _____

Case Manager: _____

**Planned Frequency
of Contact:** _____

Program Participation	
Short-Term: _____	Medium-Term: _____

Life Domain Focused Upon (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Family Relations |
| <input type="checkbox"/> Health/Healthcare | <input type="checkbox"/> Housing | <input type="checkbox"/> Income |
| <input type="checkbox"/> Leisure Supports | <input type="checkbox"/> Legal | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Transportation | | |

Long-Term Goal: (*Note: There must be at least one goal per life domain checked above.*)

Measurable Objective(s)	Action Step(s)	Responsible Person	Date to be Met	Date Met	Strengths to Meet this Goal

I agree that this plan identifies goals that I have set for myself. I agree to responsibly use my resources, and the resources made available to me, in order to help me reach these goals. I agree that if I am not fully working toward this action plan, my participation in the HPRP program will be re-evaluated.

Participant Signature

Date

Case Manager Signature

Date