Maternal Health Client Care Plan

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| **Goal Name:** |  | | | | | | | |
| **Goal Start Date:**  *(Date goal identified)* | |  | | **Goal Due Date:** |  | | | |
| **Description** | | | | | | | | |
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| **Status** | |  | **Category** | | | | | |
| * *Not Started* * *In Progress* * *Complete* * *Unsuccessful* * *Suspended* | |  | * *Child development*   + *Childcare/Preschool*   + *Childhood Milestones* * *Community Support Systems*   + *Build Supportive Connections*   + *Volunteer, Advocacy* * *Earning & Learning*   + *Education/Training*   + *Job/Career*   + *Life Skills* | * *Family & Well-Being*   + *Affording Food*   + *Clothing*   + *Housing*   + *Language Support*   + *Legal Assistance*   + *Public Benefits* * *Transportation*    + *Financial Management*   + *Debt Management*   + *Financial Education*   + *Financial Security* | | * *Health & Wellness*   + *Dental Access/Services*   + *Health Insurance*   + *Medical Access/Services*   + *Mental Health Services*   + *Nutrition*   + *Recreation*   + *Safety* * *Other*   + *Early Learning at Home*   + *Kindergarten Readiness* | | |
| **Type** | |
| * *Individual* * *Family* | |
| **Progress** | |
| *%* | |
| **Barriers to Completion** | | | | | | | | |
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| **Task Due Date** *(date of service)* | | **Task Description** | **Staff**  *(initial)* | **Complete?** |
| 1. |  |  |  |  |
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| 3. |  |  |  |  |
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| 4. |  |  |  |  |
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| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
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| **Goal Start Date:**  *(Date goal identified)* | |  | | **Goal Due Date:** |  | | | |
| **Description** | | | | | | | | |
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| **Type** | |
| * *Individual* * *Family* | |
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| **Barriers to Completion** | | | | | | | | |
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| **Task Due Date** *(date of service)* | | **Task Description** | **Staff**  *(initial)* | **Complete?** |
| 1. |  |  |  |  |
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| 2. |  |  |  |  |
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| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
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| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |