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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| 2. |  |  |  |  |
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| 3. |  |  |  |  |
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| 4. |  |  |  |  |
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| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  |
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| **Task Due Date** *(date of service)* | **Task Description** | **Staff** *(initial)* | **Complete?**  |
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| 3. |  |  |  |  |
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| 4. |  |  |  |  |
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