



FAC Service Plan

Client Name: _____	<input type="checkbox"/> Adult Resident <input type="checkbox"/> Adult Non-Resident
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***Do Not complete goals without counselor, just sign form and return, goals will be discussed together**

Goal # 1 _____

Goal # 2 _____

Goal # 3 _____

By signing below, I certify this service plan accurately reflects my goals for services. I acknowledge that I may discuss or revise these goals at any time.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____