MIHP Family Goals and Action Plan

This plan belongs to:

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My family and I would like to focus on the following goal(s)	Desired Date of Completion
Steps we will take to meet our goal(s)	
1.	
2.	
3.	
J.	
Some of the things that may get in the way of our goal(s) My family and strengths and	I have the following supports
People who may help us accomplish this plan:	My feelings about this
	plan can be described as:
Date this plan will start:	I feel very confident that we will be
Date this plan will be revisited (and revised, if necessary):	able to complete these goals.
	I am unsure if
This plan will be shared with:	we will be able to complete these goals.

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