Client Goal Setting Form

| Client Name: |
|---|
| HMIS Number: |
| Case Manager: |
| |
| Goal #1: |
| Step 1: |
| Step 2: |
| Step 3: |
| Goal #2: |
| Step 1: |
| Step 2: |
| Step 3: |
| Goal #3: |
| Step 1: |
| Step 2: |
| |
| Step 3: |
| |
| I (client name) agree to follow the action steps listed above |
| |
| to help me achieve my goals. I will work with my case manager to meet my goals. |
| |
| Case Manager Signature Client Signature |
| |
| Date |