



Family Ties Project

LIFE PLANNING FOR FAMILIES AFFECTED BY HIV/AIDS

FAMILY TIES PROJECT CASE PLAN

Service Provider: _____

Client Name: _____ Family Code:

Goal # _____ Date Identified _____ Date Completed _____ Domain _____

Outcome Indicators

Service Methods

3 month review	GOAL · ATTAINMENT · SCALING
6 month review	
9 month review	
12 month review/termination	



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