| **RFT - GOAL PLAN** | | | | |
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| **INITIAL GOALS & MEASURABLE OBJECTIVES** | | | | |
| Taken from the IDENTIFIED NEEDS section, circled items on initial Needs Assessment. | | | | |
| **Name:** |  | | **SS#:** | **DOB:** |
| **Goal #** | **Identified Need** | **GOAL** | **Measurable Objectives** | **Comments** |
|  | I need a medical card. | I will apply for a medical card. | I will complete an online application for medical benefits with the Men's / Women's Program Director by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Phone: 1-800-324-8680  Website: [http://odjfsbenefits.ohio.gov](http://odjfsbenefits.ohio.gov/) |  |
|  | I need a food assistance card. | I will apply for a food assistance card. | I will complete an online application for food assistance benefits with the Men's/ Women's Program Director by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Website: <http://odjfsbenefits.ohio.gov> |  |
|  | I need to transfer my medications to a local pharmacy. | I will assist my Case Manager with all information needed to get my pharmacy switched. | A.) I will sign an ROI for my case manager to be able to switch my pharmacy if needed.  B.) My current pharmacy is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my current prescribing doctor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for these medications. |  |
|  | I need a 12 Step Sponsor. | I will obtain a 12 Step Sponsor within 30 days of arriving at Reach For Tomorrow. | A). I will read and discuss “Questions & Answers on Sponsorship" Pamphlet with 2 Reach For Tomorrow Peers by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Pamphlet:<http://www.aa.org/asseys/en_US/p-15_Q&AonSpon.pdf.>  B.) I will provide the Men's/Women's Program Director with my Homegroup name, time, and address by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need a Homegroup | I will obtain a Homegroup within 30 days of arriving at Reach For Tomorrow. | A.) I will read and discuss "The A.A. Group.... Where it all begins" Pamphlet with 2 Reach For Tomorrow Peers by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Pamphlet:<http://www.aa.org/assets/en_US/p-16_theaagroup.pdf>  B.) I will provide the Men's/Women's Program Director with my Homegroup name, time, and address by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need a Driver's License | I will obtain a valid Driver's License. | A.) I will contact the Ohio Bureau of Motor Vehicles and make a written list of the things I need to do to obtain my Driver's License by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Website: [http://bmv.ohio.gov/.](http://bmv.ohio.gov/)  B.) I will provide the Men's/Women's Program Manager with my written list of the things I need to do to obtain my Driver's License by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will provide the Men's/Women's Program Manager with an update on my progress on completing my written list to obtain my Driver's License by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need a State ID. | I will obtain a Valid State ID. | A.) I will contact the Ohio Bureau of Motor Vehicles and make a written list of the things I need to do to obtain a Valid State ID by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Website:<http://bmv.ohio.gov/>  B.) I will provide the Men's/Women's Program Manager with my written list of the things I need to do to obtain my State ID by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will provide the Men's/Women's Program Manager with an update on my progress on completing my written list to obtain my State ID by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need a Social Security Card. | I will obtain a Social Security Card. | A.) I will request a replacement Social Security Card online by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Website:<https://www.ssa.gov/onlineservices/>  You must be able to verify some information about yourself to request online replacement: Have a valid E-mail address. Have a Social Security number. Have a U.S. mailing address, and Be at least 18 years of age.  B.) I will provide the Men's/Women's Program Manager with a copy of my Social Security Card by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need a Birth Certificate | I will obtain a Birth Certificate | A.) I will access the internet with the Women's/Men's Program Manager to locate the phone number and/or website for the county vital statistics office where I was born by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will contact the county vital statistics office and make a list of what I need to do to obtain my Birth Certificate (ex. Cost, forms they need me to complete, social security card, etc.) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will provide the Women's/Men's Program Manager with a copy of my birth certificate by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need to see a Doctor. | I will schedule an appointment to see a Doctor. | A.) I will contact Roman Family Health 1440 Jefferson St., Greenfield OH 45123 at (937) 981-2880 to schedule an appointment to see a doctor (medical, optometrist, audiologist) or another medical provider by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will inform my Doctor of my status as a Recovering Addict and my need to pass a 13 panel urine screen to keep my housing at the Reach For Tomorrow house.  C.) I will attend my appointment with Roman Family Healthcare and follow medical directions. I will communicate my treatment outcome to the Reach Reach For Tomorrow Men's/Women's Program Manager, providing paperwork to confirm my appointment by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need to see a Dentist. | I will schedule an appointment to see a Dentist. | A.) I will contact Comfort Dental Hamilton, 954 Main St, Hamilton, OH 45013 @ 513-716-1362 to schedule an appointment to see a doctor (medical, optometrist, audiologist) or another medical provider by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will inform my Dentist of my status as a Recovering Addict and my need to pass a 13 panel urine screen to keep my housing at the Reach For Tomorrow house.  C.) I will attend my appointment with Comfort Dental Hamilton and follow medical directions. I will communicate my treatment outcome to the Reach Reach For Tomorrow Men's/Women's Program Manager, providing paperwork to confirm my appointment by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need transportation. | I will schedule transportation for my appointment. | I will make a list of all my appointments and transportation needs as they are currently in writing and discuss with my Case Manager options available to secure transportation for said appointments.  \*\*\*I will make the list in writing and speak to the case manager of all new or future appointments each week to make transportation arrangements. |  |
|  | I need car insurance. | I will obtain a list of 4 insurance quotes. | A.) I will use my issued tablet to access the internet during free time to obtain contact information for a variety of car insurance providers by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will call a minimum of 3 car insurance providers for a written quote on car insurance rates by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will provide the Men's/Women's Program Manager with a copy of my car insurance by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need to resolve my Financial Problems. | I will have a written plan to resolve my Financial Problems. | A.) I will complete a request for my Free Credit Report online by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  <https://www.annualcreditreport.com/requestReport/requestForms.action>  B.) Utilizing my free credit report I will make a list of all my debts, fines, and bills and share my list with my AA Sponsor & the RFT Men's/Women's Program Manager by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will make a written plan outlining what I will pay each creditor per month and share my plan with my AA Sponsor & the RFT Men's/Women's Program Manager by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need to obtain my G.E.D. | I will schedule & pass my G.E.D. test. | A.) I will make contact with the ABLE GED program to prepare for the GED Test, schedule the test, and take the test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will inform the Men's/Women's Program Manager about the steps I will be taking to prepare for the GED test and my schedule test date by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will inform the Men's/Women's Program Manager about my final test scores, completion of GED, or Retest by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | I need to obtain gainful employment. | I will obtain a job. | \*\*\* Once you have passed the intro phase and are eligible for employment.  A.) I will submit 3 applications per week for employment and provide proof of this to the Men's/Women's Program Manager until I obtain verifiable employment.  B.) I will provide the Men's/Women's Program Manager with the name, address, and phone number of my employer within 3 days of hire. |  |
|  | I need to further my education. | I will have a written plan to further my education and begin working on my educational goals. | A.) I will write out my education goals and share them with my case manager by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  B.) I will call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and request to speak to an "Undecided Academic Advisor" about my educational goals by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  C.) I will schedule and attend an appointment with an "Undecided Academic Advisor" to discuss my options for furthering my education by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  D.) I will begin working on achieving my written Educational Goals and inform my Case Manager about my progress by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |

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Client Signature Date Reach For Tomorrow Staff Signature Date

My next Goal Plan Review will occur on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date Time