

Facility/Program Name \_\_\_\_\_

Name\_\_\_\_\_

Date of Admission\_\_\_\_\_

Record #\_\_\_\_\_

Care Plan Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comprehensive Care Plan**

**Need/Barrier: Community Integration**

Date	Preferences	Strengths	Goal	Intervention	Resp. Dept.	Outcome