



NORTH DAKOTA RYAN WHITE PROGRAM PART B CARE PLAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 62370 (7-2023)

Client's Name	RW Number	Acuity Score
Need to be addressed		
By signing below, I agree to work on the goals and objectives outlined below as part of the case management process. The action steps are a collaborative effort between me and the case manager and will be revised and updated every _____ months from the initial date. I will be in contact with my case manager on a _____ basis until my goal(s) are met.		

Goal and Objectives

Goal		
Objective		
Who	What	Where
How	When	Expected Completion Date
Progress/Outcome/Date Updated:		
Objective		
Who	What	Where
How	When	Expected Completion Date
Progress/Outcome/Date Updated		
Client/Guardian Signature		Date
Case Manager Signature		Date