Activity Plan

☐ **Title III-B ADC** ☐ **Title III-E Congregate** ☐ **Title III-E In-Home**

☐ **FAIR Congregate** ☐ **FAIR In-Home**

Agency Name: _____ **Date:** _____

Service Recipient Name: _____

Based on information obtained in the Personal History and with input from the family and the person receiving services, we believe the following activities would be appropriate for _____. (Fill in the blank. For FAIR and III-E, this is the care receiver; for III-B, this is the service recipient.)

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Our worker will make every effort to engage this individual in as many of these activities as possible during the hours they are together.

_____ _____

Service recipient Signature Date

_____ _____

Staff Signature Date