

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.)

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