



ND RYAN WHITE PART B PROGRAM CARE PLAN
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF SEXUALLY TRANSMITTED AND BLOODBORNE DISEASES
 (Rev. 07-2021)

Client's Name	RW Client 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 is 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 Signature	Date	
Case Manager Signature	Date	