



ND RYAN WHITE PART B PROGRAM CARE PLAN (2)
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF SEXUALLY TRANSMITTED AND BLOODBORNE DISEASES
 Rev. 07-2021

Client's Name		RW Client Number	Acuity Score
Issue/Need			
Date Identified	Care Planning and Progress		Date Resolved
Client Signature		Date	
Case Manager Signature		Date	