Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PC-IRU Client Case Number (A#): \_\_\_\_\_\_–\_\_\_\_\_\_\_\_\_\_\_–\_\_\_\_\_\_

Date of PC-IRU Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Self-Sufficiency Goal** *Goals are statements that will address clients’ Primary and Other Vulnerabilities* | |  | | | | |
| **Date Activity Added** | **Activities to Meet Goal**  *Specific, measurable activities to achieve Goal* | | **Person(s) Responsible** *Client, Family member, Case Manager, Etc.* | **Timeframe** *What is the projected start date and end date?* | **Outcome:** *Result of activities, actual date achieved* | |
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*I certify that I have agreed to and helped decide on the above self-sufficiency plan goals. Additionally, I agree to do my part to ensure that these goals are met.* *This information was verbally translated to me in my language of choice and I have received a copy of this for my own records.*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PC-IRU Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_