|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Vision for the Future:** | | |  | |
| **SMART Goal:** | |  | | |
|  | | |  |

**S**pecific  **M**easurable  **A**ttainable  **R**elevant  **T**ime Bound

**Bridge Pillar:**  Stability – Housing  Stability- Family Well-Being  Stability – Parenting  Connection– Well-Being  Connection–Belonging  Connection– Personal & Professional Support  Money Management – Expenses  Money Management – Planning  Education & Training  Employment & Career Management

**New or Revised Goal?**  New  Revised

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Next Steps (Help Family Brainstorm, Then**  **Choose Steps To Take)** | **By When?** | **Family Strengths and**  **Resources** | **Barriers or Concerns** | **Motivation** | **Date Step Was**  **Completed** |
|  | February | Family | Scheduling |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **If Goal Target Date Extended, New**  **Target Completion Date:** |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Name: |  | | |  |  | | | Date: |  |
| Family Support Staff Name: | |  | |  |  | | | Date: |  |
| **Next meeting time, date, place:** | | |  | | | **Best time to contact family:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Notes:** |  | | | | | |
|  | | | | | | |
| **Please complete when goal is completed, revised, or discontinued. If revised or discontinued, please provide reason.** | | | | | | |
| Goal was achieved by **original** target date | | | Date Achieved: |  |  |  |
| Goal was achieved by **extended** target date | | | Date Achieved: |  |  |  |
| Goal was terminated | | | Date Discontinued: |  |  |  |
| Goal was revised—created a revised goal worksheet | | | | | | |
| **Reason for goal revision or discontinuation:** | |  | | | | |

|  |  |
| --- | --- |
| **OPTIONAL BRAINSTORMING WORKSHEET** | |
| Brainstorm a list of Action Steps that you would need to take to achieve your goal. To start, don’t worry about the order you write them.  Once you have completed the full list, go back and number them in order. | |
|  | |
| What challenges could keep you from achieving your goal? What strategies could you use to overcome them and what resources can help you? | |
| CHALLENGES | STRATEGIES/RESOURCES |
|  |  |
| On a scale from 1-10, how CONFIDENT are you in being able to achieve this goal? | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2**  Not At All Confident | **3** | **4** | **5 6**  Somewhat Confident | **7** | **8** | **9**  Very Confident | 10 | | |