

Sample Person-centered Care Plans



Sample #1

| | | |
|-----------|---------------------------|--------------------------|
| Photo | What Works for Me: | Things to Know About Me: |
| | Name: | Next Steps: |
| My Goals: | What Doesn't Work for Me: | |

Sample #2

| Tell me about... | |
|--------------------------------|---------------------------------------|
| What does your week look like? | What's working well? |
| Monday | What's not working? |
| Tuesday | |
| Wednesday | |
| Thursday | What would you like to change or add? |
| Friday | |
| Saturday | |
| Sunday | |