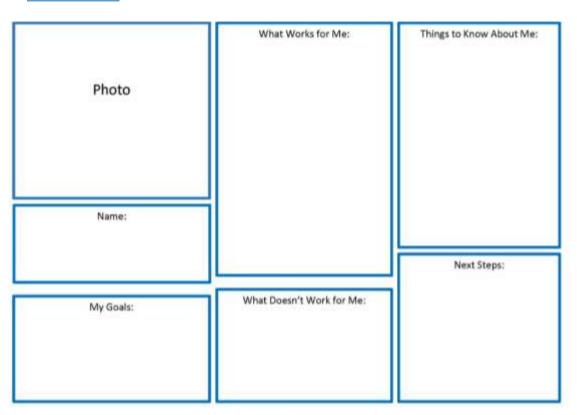
## Sample Person-centered Care Plans



## Sample #1



## Sample #2

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