



I.P Effective Date: \_\_\_\_\_  
Support Plan Effective Date: \_\_\_\_\_  
Date Sent to WSC: \_\_\_\_\_  
Date Sent to Individual: \_\_\_\_\_

## Supported Living

Annual Report

**Individual's Name:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Goal:** \_\_\_\_\_

Overall Progress towards goal: *(Please include specific progress or lack thereof towards EACH goal identified on Support Plan)*

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Medical Care:

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Recreation:

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Counseling (Health and Safety reviewed and Sexual education provided):

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I.P Effective Date: \_\_\_\_\_  
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Employment:

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Budgeting and Money Management:

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Disater Plan Training:

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**Next Step:**

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