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| ***Identification*** | | | ***Life Projet (hopes, desires, dreams)*** | |
| Last name : | | |  | |
| First name : | | |  | |
| ***My Strengths in 8 Life Areas***  (What I can do ; What I know; my skills, my talents , my qualities , my passions) | | | | |
| **My Strengths** | | | | |
| 1. **Mental, cognitive and emotional health** | |  | | |
| 1. **Physical health** | |  | | |
| 1. **Environment, security and nutrition** | |  | | |
| 1. **Budgeting and finances** | |  | | |
| 1. **Leisure, hobbies, studies, work** | |  | | |
| 1. **Civil status, social network, friends and family** | |  | | |
| 1. **Access to services** | |  | | |
| 1. **Sexuality** | |  | | |
| 1. **Spirituality** | |  | | |
| **Needs** | ACTUAL SITUATION (What I am satisfied with, what I am not satisfied with, what I am not capable of doing ; challenges)  ***What is happening now…*** | | | WHAT I WISH FOR (Hopes, needs)  ***What I want…*** |
| 1. **Mental health, cognitive and emotional** |  | | |  |
| 1. **Physical health** |  | | |  |
| 1. **Environment, security and nutrition** |  | | |  |
| 1. **Budgeting and finances** |  | | |  |
| 1. **Leisure, hobbies, studies, work** |  | | |  |
| 1. **Civil status, social network, friends and family** |  | | |  |
| 1. **Access to services** |  | | |  |
| 1. **Sexuality** |  | | |  |
| 1. **Spirituality** |  | | |  |

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| ACTION STRATEGIES (Steps/Ways to do it)  ***What can be done…*** | WHEN ***When it can be done…*** | PERSONS IN CHARGE  ***Who can do it…*** | **EVALUATION**  ***What are the results of our efforts …*** |
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| **What is the degree of person’s involvement in plan:** |
| **1) no involvement 🞏 2) a little involvement 🞏 3) somewhat involved 🞏**    **4) fairly involved 🞏 5) entirely involved 🞏**  **If not involved, why not ? :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  A copy of plan has been given to person: 🞎 yes 🞏 no  If no, why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Professional and naturel network involvement: | | |
| ***Name*** | ***Relationship*** | ***Telephone*** | |
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