

**Individual Recovery Action Plan
Community Counseling Services**

Rev 01/17

Case Name _____

Case Id# _____

Date _____

Annual Re-Write Addendum

Definition of Quality of Life

Barriers to Quality of Life

Goals

Dates Achieved

Action Steps

Linked and Followed up to Resources In Community

Goal 1

Goal 2

Goal 3

Goal 4

PSR Staff

Date

Individual Receiving Services

Date