

Participant ID: _____

Date: _____

CPA Initials: _____

INDIVIDUAL CARE PLAN

If the participant has identified High Risk(s), complete the optional Individual Care Plan sections below.

Here the CPA may enter subjective information and the participant's assessment and plan. This screen is optional, only include information that is not documented in other notes or already in I-WIC.

- There should only be one care plan for the certification period (the Follow Up section is used to track progress throughout the certification period).

Subjective:

Assessment/Plan:

Follow Up: