STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

**CMAP**

## Care Management Activity Plan

Individual's Name:

Date of Initial Activity Plan

Date of 6 Month Review

Care Manager's Name:

**The Activity Plan describes the short-term care management activities that are most important to you and that will help you meet the individualized valued outcomes described in your Life Plan. Below write down the services you are requesting and/or the personal goals that you would like to achieve. Then write down the activities you would like completed. Also, show the person responsible for completing each activity and the date that work begins on an activity. In the final box, place a check when an activity is completed. This list must be reviewed at least every six months but you may add activities at any time.**

**Service Request or Personal Goal:**

| **Activities to Complete** | **Who will complete Task** | | | | **Start Date** | **Check if Task is Done** |
|---|---|---|---|---|---|---|
| | CMr | Ind. | Fam. | Other | | |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

**Service Request or Personal Goal:**

| **Activities to Complete** | **Who will complete Task** | | | | **Start Date** | **Check if Task is Done** |
|---|---|---|---|---|---|---|
| | CM | Ind. | Fam. | Other | | |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

**Service Request or Personal Goal:**

| **Activities to Complete** | **Who will complete Task** | | | | **Start Date** | **Check if Task is Done** |
|---|---|---|---|---|---|---|
| | CM | Ind. | Fam. | Other | | |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
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| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

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**Service Request or Personal Goal:**

| Activities to Complete | Who will complete Task: CM | Ind. | Fam. | Other | Start Date | Check if Task is Done |
|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

**Service Request or Personal Goal:**

| Activities to Complete | Who will complete Task: CM | Ind. | Fam. | Other | Start Date | Check if Task is Done |
|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

**Service Request or Personal Goal:**

| Activities to Complete | Who will complete Task: CM | Ind. | Fam. | Other | Start Date | Check if Task is Done |
|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

**Service Request or Personal Goal:**

| Activities to Complete | Who will complete Task: CM | Ind. | Fam. | Other | Start Date | Check if Task is Done |
|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | _____ | ☐ |

Clear Form

Print Form