Family Care Residential Habilitation Plan
Health & Safety Needs

Name _____

Medicaid CIN # _____ TABS ID # _____

Behavior _____

_____

_____

_____

Medical _____

_____

_____

_____

Fire Safety _____

_____

_____

_____

Level of Supervision both in the home and in the community _____

_____

_____

_____

Other Needs _____

_____

_____

_____

Developed by _____ Title _____ Date _____