State of Illinois
Department of Human Services

RESPONSIBILITY AND SERVICES PLAN - HEALTH

☐ **613 - HEALTH**

Start Date: _____

Provider: _____

Action Steps

☐ Participate in parenting classes.	**Date Added**
☐ Make and keep appointment(s) for family case management, such as physical, immunization, prenatal care, ongoing health care, family planning, and WIC.	**Date Added**
☐ Make and keep appointment(s) for: ☐ Eye Exam ☐ School Official ☐ Dentist ☐ Counselor	**Date Added**
☐ Get services for family member with special needs: ☐ Early intervention ☐ Respite care ☐ Adoption ☐ Homemaker services ☐ Home health care ☐ Adult day care	**Date Added**
☐ Other: _____	**Date Added**
☐ Other: _____	**Date Added**
☐ Other: _____	**Date Added**
☐ Other: _____	**Date Added**
☐ Other: _____	**Date Added**