## Corrective Action Plan

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Outcome</th>
<th>Actions</th>
<th>Responsible</th>
<th>Time frame for completion</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstacle 1</td>
<td>Outcome 1</td>
<td>Actions</td>
<td>Responsible</td>
<td>Time frame for completion</td>
<td>Date completed</td>
</tr>
<tr>
<td>Obstacle 2</td>
<td>Outcome 2</td>
<td>Actions</td>
<td>Responsible</td>
<td>Time frame for completion</td>
<td>Date completed</td>
</tr>
<tr>
<td>Obstacle 3</td>
<td>Outcome 3</td>
<td>Actions</td>
<td>Responsible</td>
<td>Time frame for completion</td>
<td>Date completed</td>
</tr>
</tbody>
</table>

Customer signature___________________________ Date_______ Case Manager signature___________________________ Date_______
Other signature______________________________ Date_______ Other signature______________________________ Date_______
Statement of Understanding

Customer Name ________________________    Case Manager ________________________

Outcome 1
Possible rewards for completing this outcome could or will be _________________________________________________________
____________________________________.  Possible consequences for NOT completing this outcome could or will be _____________
_____________________________________________________________________.

Outcome 2
Possible rewards for completing this outcome could or will be _________________________________________________________
____________________________________.  Possible consequences for NOT completing this outcome could or will be _____________
_____________________________________________________________________.

Outcome 3
Possible rewards for completing this outcome could or will be _________________________________________________________
____________________________________.  Possible consequences for NOT completing this outcome could or will be _____________
_____________________________________________________________________.

Customer signature_________________________    Date_______    Case Manager signature_________________________    Date_______

Other signature______________________________    Date_______    Other signature______________________________    Date_______
Corrective Action Plan
Instructions

1. Fill in customer name and case manager name.

2. Obstacle - This is the identification of the original problem(s). Although other sections of the form could change with updates, the need(s) will remain the same.

3. Outcome - This should be completed in such a way as can be measured. It should be completed in present tense, as if what is to be measured has occurred.

4. Actions - This is what needs to be done in order to accomplish the outcome. There could be several actions needed so they need to be numbered.

5. Responsible - Name who is responsible for each action. There may be more than one responsible person. CM should always be responsible for a minimum of one action per Outcome (such as monitor the action plan). Number who is responsible to correspond to each action.

6. Time frame of completion - This is the date the action is intended to be completed. This time frame is not binding as in a contract; however, it does give the customer an understanding of time frame to expect. Number to correspond to action.

7. Date completed - This is the date the action was completed. If action is not completed due to change in action, etc., then the date completed should have “See log dated ----“. Number to correspond to action.