

Two Week Subsidy Plan

Program: _____

Child's Name: _____

Initial Date: _____

Parent/Guardian Name: _____

Reach Dane Staff: _____

Steps and Strategies (What resources are already in place?)

Progress/Outcome (What have we accomplished so far?)

Other Program Options:

W2

City Funding (denied from County(need proof)

F-set

Schooling

Steps taken by Parent and CBFSS to complete goals:

<u>Week 1 Goal</u>	
Steps for CBFSS	Steps for Parent
1.	1.
2.	2.
3.	3.

<u>Week 2 Goal</u>	
Steps for CBFS	Steps for Parent
1.	1.
2.	2.
3.	3.

Parent/Guardian Signature(s) _____

Reach Dane Staff Signature(s) _____

***Update on an ongoing basis, evaluate after two weeks and add or complete for another two weeks**