



**Kinship Navigator Collaborative**  
**GOAL SETTING for Solution-Focused Case Management**  
*(Goals should reflect top 3 needs as chosen by client on Needs Assessment tool)*

Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

Family ID: \_\_\_\_\_

Goal setting is a critical step to ensure you are providing a solution focused case management service. Please develop goals that can be completed within a 6-month time frame. Please limit goal setting to a max of three goals per caregiver. Please enter the date goal set for each goal. Identify the category of each goal using Needs Assessment. The Essential Tasks section is designed to give more detailed description of the goal. When a goal is completed, be sure to check the box in the goal status field and enter the date the goal was completed.

For three-month follow-up: Review goals set at intake/baseline. If goals have been completed indicate this in goal status. If goals are still in progress, provide notes on next steps. If new goals are created, enter new goals.

Date Goal 1 Set: ____ / ____ / ____		Category: (Identified unmet need from the Needs Assessment)
Task 1:		
Describe Essential Tasks:		
What you'll do (the caregiver):		
What others will do (navigator or other referring agency partner):		

How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										
Date Goal Completed	___/___/___									
Goal Status:	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has kin children					<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period				

Date Goal 2 Set: ___/___/___			Category:							
Task 1:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										
Date Goal Completed	___/___/___									

Goal Status:	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has kin children	<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period
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Date Goal 3 Set: ___/___/_____		Category:								
Task 1:										
Describe Essential Tasks:										
What you'll do:										
What others will do:										
How important is it for you to work on the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
How confident are you that you will be successful in reaching the goal you identified above?										
Not Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very Important
Next Steps/Follow up										
Date Goal Completed		___/___/_____								
Goal Status:	<input type="checkbox"/> Goal completed <input type="checkbox"/> Goal no longer relevant <input type="checkbox"/> Caretaker no longer has kin children	<input type="checkbox"/> Caretaker no longer wants services <input type="checkbox"/> Lost contact with caregiver <input type="checkbox"/> End of service period								