

## KANSAS REHABILITATION SERVICES ACTION PLAN

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Consumer Name:

Contractor Name:

Consumer Signature: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

RS Counselor Name:

Service Authorization # and Date:

RS Counselor Signature: \_\_\_\_\_

Date of Action Plan:

Type/Level of Service:

Reporting Frequency:

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Identified consumer conditions and preferences:

Identified barriers:

Action Steps to achieve service goal (see instructions):