ALL HANDS
ON DECK

Make it Happen

Resident's name _____

Person filling this out _____

Need of resident _____

_____

Who will assist? _____

What day and time will this occur? _____

What steps need to happen to make this happen?

Tell _____

_____

Do _____

_____

Bring _____

_____

Sonya Barsness & Karen Stobbe