



# Live Oak Apartments

## Resident Action Plan

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

Resident Name: \_\_\_\_\_

Unit: \_\_\_\_\_

### Goals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Behavior that needs to improve

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### How to accomplish the improvement

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### How program staff can help

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Consequences**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signatures of Acceptance: \_\_\_\_\_  
Resident

Signatures of Acceptance: \_\_\_\_\_  
Resident (if applicable)

Signatures of Acceptance: \_\_\_\_\_  
County Staff

Signatures of Acceptance: \_\_\_\_\_  
RCHDC Staff