



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