New Jersey Department of Health and Senior Services

RISK REDUCTION PLAN

Agency Name and Address (or Site Number)	Date
	Telephone Number
	Plan ☐Initial ☐Revised

THINGS I PLAN TO DO	Goal Met?
Short-Term Goals (What I plan to do within the next 3 months):	
Long-Term Goals (Things I plan to do within 1 year):	
Return Visit Date	

Client Signature		Client ID Number
Counselor Signature		
Counselor ID Number	Date	

DAPC-27
JAN 03

RISK REDUCTION PLAN, Continued

Agency Name (or Site Number)	Telephone Number

OTHERS I NEED TO CONTACT	
1. Agency Name and Address	Appointment Date/Time
	☐ Call for Appointment
Name of Contact Person	Telephone Number
Service Provided	

2. Agency Name and Address	Appointment Date/Time
	☐ Call for Appointment
Name of Contact Person	Telephone Number
Service Provided	

3. Agency Name and Address	Appointment Date/Time
	☐ Call for Appointment
Name of Contact Person	Telephone Number
Service Provided	

4. Agency Name and Address	Appointment Date/Time
	☐ Call for Appointment
Name of Contact Person	Telephone Number
Service Provided	

5. Agency Name and Address	Appointment Date/Time
	☐ Call for Appointment
Name of Contact Person	Telephone Number
Service Provided	

Client ID Number