Quality of Life Project Instructions

1. **Complete Quality of Life Survey:** The areas receiving a lower score can be used as an opportunity for development if deemed important to the member.
2. **Complete Quality of Life Project Plan Template**: This template will be submitted with your application. Use it in conjunction with Quality-of-Life Survey as a guide and update it throughout the project as part of your progress reports. One project plan must be completed per each facility participating in this outcome to document specific details related to that location. While you may choose to complete this with multiple members, you will only be eligible to receive payment for one member per facility.

Member Name: _____ Facility Name/Location: _____

NOTE: If more space is needed than the lines provided, please feel free to attach additional pages.

Member Goal #1: Please choose an area from the Quality-of-Life survey with a lower score that the member wishes to work on.

_____

_____

_____

_____

Why is this goal important to the individual? _____

_____

_____

_____

What are three action steps the individual is committed to taking to achieve this goal, once completed, add the date in the identified box:

Action Steps	Completion Date
1.	
2.	
3.	

Barriers to Goal #1: What questions do I need to answer to complete this project? What else do I need to consider to ensure project success? _____

_____

_____

_____

_____

Member Goal #2 *(optional)***:**

_____

_____

_____

_____

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Why is Goal #2 important to the individual? _____

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What are three action steps the individual is committed to taking to achieve Goal #2; once completed, add the date in the identified box:

Action Steps	Completion Date
1.	
2.	
3.	

Barriers to Goal #2: What questions do I need to answer to complete this project? What else do I need to consider to ensure project success? _____

_____

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_____

Member Goal #3 *(optional)***:** _____
_____
_____
_____
_____

Why is Goal #3 important to the individual? _____
_____
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_____

What are three action steps the individual is committed to taking to achieve Goal #3; once completed, add the date in the identified box:

Action Steps	Completion Date
1.	
2.	
3.	

Barriers to Goal #3: What questions do I need to answer to complete this project? What else do I need to consider to ensure project success? _____
_____
_____
_____
_____

Summary evaluation of project and effectiveness (Use this space to capture evaluation notes throughout the project and submit evaluation statement within Progress Report 2)**:** What was learned through this experience? What went well? What did not go well? What improvements can be made? Can you continue to develop this project based on your experience? Next steps? _____
_____
_____
_____
_____
_____
_____