Capable Household Visioning Exercise

CAPABLE

Name:_____ **Group:**_____ **Date:**_____

Vision	Action	Responsibility	Staff	Completion
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete
				____ Incomplete ____ Partial ____ Complete