**SMs, Families and SHGs Intervention Plan**

Name of Sponsored Member: {last\_name}, {first\_name} {middle\_name} CH ID #: {sm\_number}

Date of Birth: {dob}

Address: {present\_address} Subproject: {spu}

Name of Sponsor: {name\_of\_sponsor} Date of Sponsorship: {date\_of\_sponsorship}

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| **SM’s identified /expressed problem or need :**  {identified\_problem} |
| **SDWs Assessment:**  {assesment} |
| **Objective/s :**  {objective} |
| **Recommendation:** *(Indicate if SM’s case need a Case conference)*  {recommendation} |

Prepared by: Attested by: Approved by:

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SDW SM/ Parent/ SHG Leader SPU Coordinator