

Topic:

Problem


<b>Goal:</b>	
<b>Goal:</b>	
<b>Goal:</b>	
<b>Goal:</b>	

<input type="checkbox"/>					
	<b>Tasks</b>	<b>Responsibility</b>			<b>Target Date</b>
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>					
	<b>Tasks</b>	<b>Responsibility</b>			<b>Target Date</b>
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>					
	<b>Tasks</b>	<b>Responsibility</b>			<b>Target Date</b>
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
		<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	

