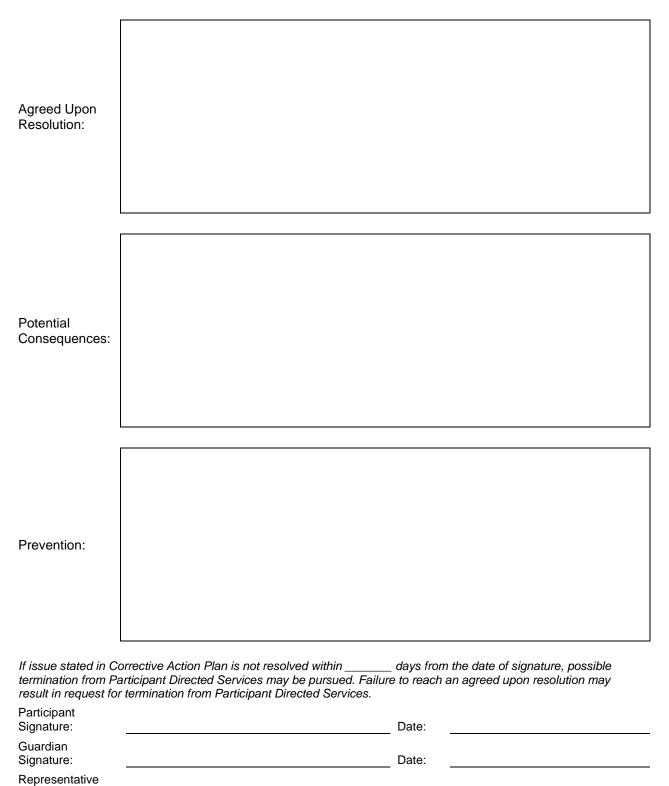
## Commonwealth of Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living

Home and Community Based Services					
Corrective Action Plan					
Participant:		Guardian:		Case Manager/ Service Advisor:	
Is participant in Participant Directed Services? Yes No					
State Issue:					
Regulation/ Policy Violation:					

## Commonwealth of Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living



Date:

Date:

Signature:

Case Manager/ Service Advisor Signature: