



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

Aging Services Division



**Management Plan**

**Area Agency on Aging (AAA) Management Plan by Objective**

Responsible person	Fiscal year
Goal:	Objective:

No.	Action steps	Due date	First quarter	Second quarter	Third quarter	Fourth quarter	Staff or position assigned
1.			Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/>	Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/>	Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/>	
2.			Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/>	Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/>	Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/>	
3.			Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/>	Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/>	Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/>	