

Wraparound Plan of Care

Youth Name: _____ Wraparound Enrollment Date: _____ Date of Meeting: _____

	Team Member	Role	Contact Information	Present
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Ground Rules *(What will help us be most productive as a team?):*

Family and Youth Vision *(What does better look like for my family?):*

Team Mission *(What do we need to accomplish while we're together?):*



STRENGTHS

<i>Strengths from the family, youth, and team</i>	<i>CANS Identified Strengths</i>	<i>Rating</i>

NEEDS

<i>Needs from the family, youth, and team</i>	<i>CANS Identified Needs</i>	<i>Rating</i>	<i>Prioritized Need</i>

System

INDIVIDUALIZED PLAN

Prioritized Need #1:	Wraparound Life Domain: _____ CANS Item: _____ CANS Rating: 0 1 2 3
Need Statement:	
How the youth and family describe the need.	

Outcome Statement #1:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

Outcome Statement #2:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

<i>Updates from the last meeting:</i>

Prioritized Need #2:	Wraparound Life Domain: _____ CANS Item: _____ CANS Rating: 0 1 2 3
Need Statement:	
How the youth and family describe the need.	

Outcome Statement #1:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

Outcome Statement #2:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

<i>Updates from the last meeting:</i>

Prioritized Need #3:	Wraparound Life Domain: _____ CANS Item: _____ CANS Rating: 0 1 2 3
Need Statement:	
How the youth and family describe the need.	

Outcome Statement #1:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

Outcome Statement #2:			
Strategies:			
Action Steps:		Person Responsible	Target Completion Date
1.			
2.			
3.			
Anticipated Outcomes:			
1.		3.	
2.		4.	

<i>Updates from the last meeting:</i>

Plan Summary and Additional Notes:

Next Meeting Date & Time: _____

Location: _____

Youth

Date

Family Member

Date

Family Member

Date

Team Member

Date

Team Member

Date

Team Member

Date

Team Member

Date

Team Member

Date

Wraparound Care Coordinator

Date

