**Wraparound Plan of Care**

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wraparound Enrollment Date: \_\_\_\_\_\_\_\_\_\_Date of Meeting: \_\_\_\_\_\_\_\_\_

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

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

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

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

**STRENGTHS**

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| ***Strengths from the family, youth, and team*** | ***CANS Identified Strengths*** | ***Rating*** |
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**NEEDS**

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| ***Needs from the family, youth, and team*** | ***Prioritized Need*** | ***CANS Identified Needs*** | ***Rating*** | ***Prioritized Need*** |
|  | ꩄ |  |  | ꩄ |
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| **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. | |

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

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| ***Updates from the last meeting:*** |

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| **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. | |

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| ***Updates from the last meeting:*** |

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| **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. | |

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| ***Updates from the last meeting:*** |

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| ***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**