**Wraparound Strengths and Needs Summary Document**

Youth and Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Intro**:

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| --- |
| **LIFE DOMAINS** |
| 1. **Psychological/Emotional**
 |
| **Strengths and Needs Summary:** |
| 1. **Family/Relationships**
 |
| **Strengths and Needs Summary:** |
| 1. **Legal**
 |
| **Strengths and Needs Summary:** |
| 1. **Substance Use/Addictions**
 |
| **Strengths and Needs Summary:** |
| 1. **Educational/Vocational**
 |
| **Strengths and Needs Summary:** |
| 1. **Health/Medical**
 |
| **Strengths and Needs Summary:** |
| 1. **Home/A Place to Live**
 |
| **Strengths and Needs Summary:** |
| 1. **Daily Living/Life Skills**
 |
| **Strengths and Needs Summary:** |
| 1. **Spiritual/Cultural**
 |
| **Strengths and Needs Summary:** |
| 1. **Financial**
 |
| **Strengths and Needs Summary:** |
| 1. **Social/Recreational**
 |
| **Strengths and Needs Summary:** |
| 1. **Safety and Crisis**
 |
| **Strengths and Needs Summary:** |

**Identified Short-term Needs**:

**Long Range Vision**:

**Potential Wrap Team Members**:

**Team Members contributing to this form:**

Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Family/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Care Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_