**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: \_\_\_\_\_\_\_\_\_\_\_