

**Community Care Plan**  
*(This page to be completed by family/youth)*

<b>Youth:</b>	<b>Date:</b>	<input type="checkbox"/> Initial Meeting <input type="checkbox"/> Review <input type="checkbox"/> Returning to Community
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**Family's Information (completed by family with assistance as needed)**

Reason for referral:	
Youth strengths:	Family strengths:
Youth needs:	Family needs:

**Intervention: Services and Support Needs**

Question	To be completed by family and youth with assistance as needed
What is important to the youth?	
What is important to the family?	
What do others need to know or do to support the youth?	
What do others need to know or do to support the family?	

**\*Check each area below as it is discussed. All areas should be discussed, but only develop goals and strategies for those areas important to this youth. When possible, please complete portions prior to meeting in conjunction with the family.**

- |                                      |   |   |  |
|--------------------------------------|---|---|--|
| <input type="checkbox"/> Education   | <input type="checkbox"/> Transportation             | <input type="checkbox"/> Medical        | <input type="checkbox"/> Faith-Based Support |
| <input type="checkbox"/> Housing     | <input type="checkbox"/> Treatment                  | <input type="checkbox"/> Peer Support   | <input type="checkbox"/> Mentoring           |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Parent Support | <input type="checkbox"/> Natural Support     |

<b>Intervention: Goals and Strategies*</b>			
<b>Service/ Support Description</b>	<b>By whom?</b> <i>(name, phone number, email)</i>	<b>By when?</b>	<b>Done?</b> <i>(check)</i>

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If the youth is not currently living at home, or if the youth is going to move away from home, indicate what steps are being taken to make sure that the transition is smooth and timely. Consider insurance, transportation, visits, living arrangements, and any other areas of concern.

<b>Participants (we agree to participate in the Community Care Plan and provide specified services/resources)</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Agency</b>

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