

SAFE AT HOME WV INDIVIDUAL WRAPAROUND PLAN

REFERRAL INFORMATION:

Date of Referral	Source/County	Person & Contact Information
Date of Wraparound Start	Case Type	Date of Current Plan:

YOUTH DEMOGRAPHICS:

YOUTH NAME:

Date of Birth:	Gender:	Race:
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CURRENT LIVING SITUATION/SETTING w/ address:

ACADEMIC SETTING:

GRADE LEVEL:

IEP:

GPA:

OTHER/MISC:

FAMILY DEMOGRAPHICS:

NAME/RELATIONSHIP	INVOLVEMENT STATUS (fully active; semi-active; other)	CONTACT ROUTE

Child & Family Team Meeting – PLANNING FORM

Youth/Family Name:
Meeting Site:

Date:

INTRODUCTIONS & STRENGTH DISCOVERY

SUPPORT KEY	NAME: (Relationship or Position)	STRENGTHS

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Support Key: NS = Natural/Informal Support, F= Immediate Family, FS=Formal Support

OTHER POTENTIAL TEAM MEMBERS

How do we engage other members that would strengthen the team?

WHO (Relationship or Position)	WHAT WOULD THEY ADD?	WHO CONTACTS & ENGAGES?

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GROUND RULES

Identify the Ground Rules & Team Process, including how decisions are made. It is important to create a safe, respectful environment where all ideas can be heard.

DISCOVERING COMMUNITY RESOURCES

Quickly brainstorm natural & formal supports in the Family's Neighborhood.

MISSION STATEMENT

Please summarize the Mission Statement that has been developed by the Family Team:

MISSION "BUMPER STICKER" STATEMENT

FAMILY'S CONCERNS AND POSSIBLE ROADBLOCKS

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CONCERNS & NEEDS

The following 5 Needs were chosen as the most important to help meet the Mission Statement: prioritize the needs 1 – 5 with 1 representing immediate, etc.

1.
2.
3.
4.
5.

PUTTING IT ALL TOGETHER

GOAL 1 (Should address the above need #1 by stating what needs to change):			
OUTCOME MEASUREMENT: (How will we know it has changed? CANS scores can be used.)			
<u>STRENGTH-BASED STRATEGIES</u> (include who is responsible for completing the action)	<u>TIMELINE</u> (include start date and completion date)	<u>BARRIERS and CHALLENGES</u>	<u>PROGRESS</u>

GOAL 2 (Should address the above need #2 by stating what needs to change):			
OUTCOME MEASUREMENT: (How will we know it has changed? CANS scores can be used.)			
<u>STRENGTH-BASED STRATEGIES</u> (include who is responsible for completing the action)	<u>TIMELINE</u> (include start date and completion date)	<u>BARRIERS and CHALLENGES</u>	<u>PROGRESS</u>

GOAL 3 (Should address the above need #3 by stating what needs to change):			
OUTCOME MEASUREMENT: (How will we know it has changed? CANS scores can be used.)			
<u>STRENGTH-BASED STRATEGIES</u> (include who is responsible for completing the action)	<u>TIMELINE</u> (include start date and completion date)	<u>BARRIERS and CHALLENGES</u>	<u>PROGRESS</u>

GOAL 4 (Should address the above need #4 by stating what needs to change):			
OUTCOME MEASUREMENT: (How will we know it has changed? CANS scores can be used.)			
<u>STRENGTH-BASED STRATEGIES</u> (include who is responsible for completing the action)	<u>TIMELINE</u> (include start date and completion date)	<u>BARRIERS and CHALLENGES</u>	<u>PROGRESS</u>

GOAL 5 (Should address the above need #5 by stating what needs to change):			
OUTCOME MEASUREMENT: (How will we know it has changed? CANS scores can be used.)			
<u>STRENGTH-BASED STRATEGIES</u> (include who is responsible for completing the action)	<u>TIMELINE</u> (include start date and completion date)	<u>BARRIERS and CHALLENGES</u>	<u>PROGRESS</u>

DEVELOPING THE INITIAL SAFETY/CRISIS PLAN

Identify the System (CPS, DHHR, Probation, Mental Health, etc.) Non-Negotiables for the Youth and/or Family Members:

- 1.
- 2.
- 3.
- 4.
- 5.

Identify the Family Non-Negotiables:

- 1.
- 2.
- 3.
- 4.
- 5.

OTHER CONCERNS/NEEDS THAT MERIT "WATCH/PREVENT"

CRISIS PLANNING – Pro-Active & Reactive

Remember, “Crisis is when adults do not know what to do”

Youth/Family Name:

Date of Plan:

Wraparound Facilitator:

Agency:

<u>POTENTIAL CRISIS:</u>	
ACTION STEPS (What works best?)	PERSON(S) RESPONSIBLE
PLAN “B” (What if the above does not work)	PERSON(S) RESPONSIBLE

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ACTION STEPS (What works best?)	PERSON(S) RESPONSIBLE
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Make Additional Copies as Necessary
Crisis Plan: FAMILY PHONE TREE
Important People, Services & Contact #'s

FAMILY NETWORK		
NAME	RELATIONSHIP	CONTACT #s

FRIENDS & NATURAL SUPPORTS		
NAME	RELATIONSHIP	CONTACT #s

SERVICE PROVIDERS		
NAME	RELATIONSHIP	CONTACT #s

POST CRISIS FOLLOW – UP TASKS:

TASK	TIME-FRAME	RESPONSIBLE PERSON

OVERALL PROGRESS

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ASSIGNMENTS AND FOLLOW UP TASKS

TASK	TIME-FRAME	RESPONSIBLE PERSON

SIGNATURES:

NAME	RELATIONSHIP OR POSITION	AGREE or DISAGREE	DATE