

Plan of Care

Instructions: The Plan of Care is to be updated annually in July at a minimum and revised as needed to address changing strengths and needs.

Youth/Family Name: _____

Development Date: _____

Review/Revision Date: _____

Review/Revision Date: _____

Review/Revision Date: _____

Team Composition – *Multi-system agency involvement (as noted on Service Coordination Referral), family and/or natural supports*

Youth & Family Team Members	Meaning to Team

Family Mission Statement – *Short, concise, informative statement about today, answers the question “Why do we exist?”*

Family Vision Statement – *Inspiring description of the future, painting a picture of what the Team wants to achieve over time, answers the question “What will be different?” or “What would it look like if life was good?”*

Goal & Strategy - A goal is a broad primary outcome, match identified need from assessment. A strategy is the approach you take to achieve a goal.

Goal #1: _____		
Strategy: Plan of Action – Responsible Team Member		
Method To Monitor Progress	Resources Needed	Timeframe

Goal #2: _____		
Strategy: Plan for Action – Responsible Team Member		
Method To Monitor Progress	Resources Needed	Timeframe

Goal #3: _____		
Strategy: Plan for Action – Responsible Team Member		
Method To Monitor Progress	Resources Needed	Timeframe

Signature Page

Members of the Youth and Family Team agree to the following:

1. We agree with the content of this plan.
2. We agree a non-emergency out-of-home placement will occur only after a comprehensive Youth & Family Team meeting has occurred.
3. In the event of an emergency out-of-home placement, we agree the family will immediately notify the facilitator and the facilitator will initiate a comprehensive Youth & Family Team meeting within 10 business days in order to ensure community supports are in place for the family and begin planning for the youth's return to the home and community.

Youth & Family Team Member Signature	Relationship to Youth/Family	Date
	Parent	
	Parent	
	Youth	
	Facilitator	
	School: _____	
	Agency: _____	
	Agency: _____	
	Agency: _____	
	Agency: _____	
	Natural Support: _____	
	Natural Support: _____	
	Other: _____	

Transition & Discharge Plan

Discharge Date: _____ Reason for Discharge: _____

Plan of Care Goal #1 Summary	
Was Goal Met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Goal Met at Discharge: _____%

Plan of Care Goal #2 Summary	
Was Goal Met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Goal Met at Discharge: _____%

Plan of Care Goal #3 Summary	
Was Goal Met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Goal Met at Discharge: _____%

_____ Total Percentage of Plan of Care Goals Completed – *Do not include goals the Youth & Family Team deemed not appropriate for the family and were removed from the Plan of Care. Count the number of goals the family completed. Divide the number of completed goals by the number of total goals on the Plan of Care. This will produce the percent of goals completed.*

Goals with less than 75% completion are deemed unsuccessful. What were the barriers impeding the family meeting their goals? _____

Are ongoing community services needed? No Yes, if so where was the family referred? _____