

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

Youth:	Date:	<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?	

