Community Care Plan

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

Youth:		**Date:**		☐Initial Meeting ☐Review ☐ Returning to Community

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?	

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***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.**

☐Education	☐Transportation	☐ Medical	☐Faith-Based Support
☐Housing	☐ Treatment	☐ Peer Support	☐Mentoring
☐Supervision	☐ Extracurricular Activities	☐ Parent Support	☐Natural Support

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

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Transition Plan

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.

Participants (we agree to participate in the Community Care Plan and provide specified services/resources)

Print Name	Signature	Agency

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