Wraparound Transition Plan – Example Template

Date:		
Name:		
Ongoing Facilitator (if applicable):		
Ongoing Ground Rules (What will help u	ıs be most produc	tive as a team?):
1.	io be mose product	are as a ceaming
2.		
3.		
4.		
5.		
Vision Statement of Family and Youth	(What does bette	r look like for my family?):
Mission Statement of the Team (if appl	licable):	
Ongoing Team Members	Role	Contact Information
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	1	I.



STRENGTHS

Changes in CANS St	religitus Scores				40	5: 1
CANS Strength items	Enrollment	3mos	6mos	9mos	12mos	Discharge
Strengths and Succe	esses since enro	llment				



NEEDS

Changes in CANS Needs Sc	ores since en	rollmer	nt			
CANS Needs items	Enrollment	3mos	6mos	9mos	12mos	Discharge
Needs Met since enrollmer	nt					
Ongoing Needs						



INDIVIDUALIZED PLAN <post-formal Wraparound>

The below plan should reflect all priority needs, outcomes, strategies and action that will be in place upon transition from formal wraparound.

Pri	iority							Status		
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_	ed atement:									
the	the ords of e youth d family:									
Sta #1										
	rategies:									
		s (all team members should b o achieve the outcome and m			Person Respons	ible	Time Fram		Status	
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		Outcomes CANS (Cross Cutt e targeted need.	ung iv	eeus): /ve	eeus expe	ilea to c	nange	as a	result of	
1	inessing the	e targeted need.	3							
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		T	4							
Sta #2										
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		e targeted need.	ng n	eeus). M	eeus expec	leu lo	criariye	as a	result of
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	ority ed #3:	Domain:		С	ANS Gen	erated	Score	: 0 1 2	Sta	tus Dropped Met
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			ļ	3						
2				3 4						

INDIVIDUALIZED PLAN - STRENGTHS

MDIAIDOULIZED	PLAN - STRENGTHS
Useful Strengths	How are these strengths used in the plan of care?
Steer with a to Decite	A-1/-/1/
Strengths to Build	Activities
DOST DISSUADS	F FOLLOW UP CHAMARY AND CICNATURES
	E FOLLOW UP, SUMMARY AND SIGNATURES
Follow-Up/ Check-I	n Plans
Care Coordinator:	
Family Dartner	
Family Partner:	
Youth Partner:	
routh runther.	
Other:	
Team Member Sig	natures: Date:
	

