**Plan of Care**

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| **Priority need #** |

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| **Family Name:** | | | **Care Coordinator:**  **Family Support Provider:** | | **Date:** |
| **Long Range Vision:** | | | | | |
| **Behavior:**  (What is the problem?) |  | | | | |
| **Need:**  (Why is it happening?) | |  | | | |
| **Goal:**  (WHAT WOULD WE LIKE TO SEE HAPPEN INSTEAD?) | |  | | | |
| **Strengths:**  (what do we have to work with?) | |  | | | |
| **Who?** | | **What?** | | **By When?** | |
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| **Review Date:** | | **Outcomes :** (How did the plan work?) | | | |
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Youth Signature Date Parent/Guardian Date

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Care Coordinator Date Family Support Provider Date

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Team Member Date Team Member Date

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Team Member Date Team Member Date