**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