

VCRHYP Basic Center Program Plan of Care

Youth name: \_\_\_\_\_ Date of plan creation: \_\_\_\_\_

What do you want help with while you're in this program?	How important is this for you?				
	1= most		5= least		
	1	2	3	4	5
<input type="checkbox"/> A place to sleep: I don't want to or can't go home					
<input type="checkbox"/> Getting enough food for me or my family					
<input type="checkbox"/> A place to take a shower					
<input type="checkbox"/> Clothing to meet my needs (winter clothes, work/interview attire, everyday clothing)					
<input type="checkbox"/> Fighting or communication issues with my family or the people I'm living with					
<input type="checkbox"/> Safety: where I'm sleeping, the people in my life, or choices I'm making don't feel safe					
<input type="checkbox"/> Court or probation issues					
<input type="checkbox"/> Getting health insurance					
<input type="checkbox"/> My mental or physical health: connecting with a counselor, doctor or dentist					
<input type="checkbox"/> Substance use					
<input type="checkbox"/> Issues because of my sexual orientation, gender identify, and/or racial identity					
<input type="checkbox"/> Getting to school, work, or another place I need to go					
<input type="checkbox"/> Staying in school I have an IEP or 504 plan: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Getting or keeping a job					
<input type="checkbox"/> Getting a photo ID, birth certificate, or social security card					
<input type="checkbox"/> Financial help so I can afford the things I need					
<input type="checkbox"/> Car repair					
<input type="checkbox"/> Support working with another resource or agency					
<input type="checkbox"/> Something else:					
<input type="checkbox"/> Something else:					
<input type="checkbox"/> Something else:					
<input type="checkbox"/> Something else:					

**SOCIAL CONNECTIONS**

<b>Who are the people in your life and should we include them in our work together?</b>			
<i>Relationship</i>	<i>Names</i>	<i>They are supportive</i>	<i>You want them involved</i>
Parent/ caregiver 1 <i>Specify relationship:</i>		<input type="checkbox"/>	<input type="checkbox"/>
Parent/ caregiver 2 <i>Specify relationship:</i>		<input type="checkbox"/>	<input type="checkbox"/>
Siblings		<input type="checkbox"/>	<input type="checkbox"/>
Other family members		<input type="checkbox"/>	<input type="checkbox"/>
Someone else who cares for me or is important to me or my family		<input type="checkbox"/>	<input type="checkbox"/>
<b>How do you want the people you listed above involved? What would you like to work on with them or how would you like them to support you?</b>			

<b>Who else is part of your support system?</b>			
<i>Relationship</i>	<i>Names</i>	<i>They are supportive</i>	<i>You want them involved</i>
Friends		<input type="checkbox"/>	<input type="checkbox"/>
Boy/girlfriend/ dating partner		<input type="checkbox"/>	<input type="checkbox"/>
Online friends		<input type="checkbox"/>	<input type="checkbox"/>
Teachers/adults at school		<input type="checkbox"/>	<input type="checkbox"/>
Other adults close to you		<input type="checkbox"/>	<input type="checkbox"/>
Spiritual community		<input type="checkbox"/>	<input type="checkbox"/>
Cultural/ ethnic community		<input type="checkbox"/>	<input type="checkbox"/>
Work, clubs, teams, or groups		<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
<b>How do you want the people you listed above involved? What would you like to work on with them or how would you like them to support you?</b>			

<b>Connections with other care providers and agencies who you work with</b>			
<i>Name &amp; where they work:</i>	<i>What do they help with?</i>	<i>How often do you see them?</i>	<i>Okay to contact them*</i>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

*\*complete Release of Information*

<p><b>How do you prefer to receive information?</b></p> <p><b><i>Check all that apply</i></b></p>	<p><input type="checkbox"/> I want written materials to read.</p> <p><input type="checkbox"/> I want to listen to someone tell me options or read through materials.</p> <p><input type="checkbox"/> I want support to find and connect with other resources on my own.</p> <p><input type="checkbox"/> I want to talk about support in a meeting with a care worker.</p> <p><input type="checkbox"/> I want to connect with someone who is having similar challenges.</p>
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**SUMMARY OF ASSESSMENTS** (completed by youth care worker)

Strengths and challenges identified from the Resiliency Assessment:

Strengths	Challenges

Helpful information from other assessments:

Assessment	How it informs Plan of Care needs

**GOAL BRAINSTORM**

Based on what you want to work on together, what are your goals for the next six months?	Rank these in order of what you want to do first (#1) to last.

**ACTION PLAN:**

<b>GOAL #1:</b>	
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What steps will you take?	When or how often will you do them?
#1	
#2	
#3	

Who can support you with this action plan and what can they do to help?

Support person/ program/ organization	How can they help?	How will you connect/stay connected with them?
Your care worker		

What may be hard for you in achieving this goal and what will help you overcome these challenges?

Challenges	What can help you overcome them?

<b>GOAL #2:</b>	
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What steps will you take?	When or how often will you do them?
#1	
#2	
#3	

Who can support you with this action plan and what can they do to help?

Support person/ program/ organization	How can they help?	How will you connect/stay connected with them?
Your care worker		

What may be hard for you in achieving this goal and what will help you overcome these challenges?

Challenges	What can help you overcome them?

<b>GOAL #3:</b>	
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What steps will you take?	When or how often will you do them?
#1	
#2	
#3	

Who can support you with this action plan and what can they do to help?

Support person/ program/ organization	How can they help?	How will you connect/stay connected with them?
Your care worker		

What may be hard for you in achieving this goal and what will help you overcome these challenges?

Challenges	What can help you overcome them?



Based on this plan, you and your care worker will meet at least:	<input type="radio"/> Every day <input type="radio"/> _____ times a week <input type="radio"/> Every other week <input type="radio"/> Once a month <input type="radio"/> Other:
The times that work best to meet for you are:	

\_\_\_\_\_  
Youth signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian signature (if appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth care worker signature

\_\_\_\_\_  
Date

### 6-month Contact Information Update

<b>Contact Information</b>	
Home phone:	
Cell phone:	Is texting okay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Mailing address:	
Other ways to contact you:	

<b>Legal Guardian Contact Information</b>	
What is their relationship to you?	
Do they know that you have come in for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their phone number?	
Is it okay to leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their mailing address?	
Are there other ways to contact them?	

**Take-Away Summary Page**  
*For client to complete themselves*

My Care Worker:	
Work Phone:	
Cell Phone:	Is texting okay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Other:	

My goals:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Next steps I will take:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Based on my action plan, my care worker and I will meet at least:	<ul style="list-style-type: none"> <li><input type="radio"/> Every day</li> <li><input type="radio"/> _____ times a week</li> <li><input type="radio"/> Every other week</li> <li><input type="radio"/> Once a month</li> <li><input type="radio"/> Other:</li> </ul>
If I have to miss a meeting, it is okay. I will let my care worker know and try to find another time. <b>The best way for me to contact my care worker if this happens is:</b>	
Next meeting dates:	