

VCRHYP Crisis Plan of Care

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

What do you need help with right now?		
<input type="checkbox"/> I need a place to sleep.	<input type="checkbox"/> I need food.	<input type="checkbox"/> I need help with my substance use.
<input type="checkbox"/> I don't feel safe.	<input type="checkbox"/> I need a place to take a shower.	<input type="checkbox"/> I need help with my mental health.
<input type="checkbox"/> I don't know if I can go home.	<input type="checkbox"/> I need financial help (I can't afford the things I need).	<input type="checkbox"/> I need help with physical health care.
<input type="checkbox"/> I need help to stop fighting with the people I'm staying with.	<input type="checkbox"/> I need help getting a photo ID, birth certificate, or social security card.	<input type="checkbox"/> I need help because of my sexual orientation, gender identify, and/or racial identity.
<input type="checkbox"/> I need help with an eviction or landlord issues.	<input type="checkbox"/> I need help with transportation.	<input type="checkbox"/> I need help with school and/or work.
<input type="checkbox"/> I need help connecting with another support.	<input type="checkbox"/> I need help with legal, court, or probation issues.	<input type="checkbox"/> I need help finding a job.
<input type="checkbox"/> I need something else:		

Legal Guardian Contact Information	
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?	

<p><b>How do you prefer to receive support?</b></p> <p><b>Check all that apply</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> I want written materials to read.</li> <li><input type="radio"/> I want to listen to someone tell me options or read through materials.</li> <li><input type="radio"/> I want support to find and connect with other resources on my own.</li> <li><input type="radio"/> I want to talk about support in a meeting with a care worker.</li> <li><input type="radio"/> I want to connect with someone who is having similar challenges.</li> </ul>
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<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>
Parents		<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"/>
Friends		<input type="checkbox"/>	<input type="checkbox"/>
Boy/girlfriend/dating partner		<input type="checkbox"/>	<input type="checkbox"/>
Online friendships		<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"/>

<b>Are you connected with other care providers or work with other agencies?</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"/>

*\*complete Release of Information*

**Our plan to address immediate needs and concrete supports:**

<b>Need</b>	<b>Action</b>	<b>Timeline</b>
<i>Example: food</i>	<i>Referral to food shelf</i>	<i>Today</i>
	<i>Get 3SquaresVT/ Food Stamps</i>	<i>Go with care worker next week</i>

**Based on the things you want help with right now, what are some things you want to achieve in the next two months?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Your action plan for achievement #1:**

<i>What steps will you take?</i>	<i>When or how often will you do them?</i>	<i>How can your care worker support you?</i>	<i>What are the other people or things that can help?</i>
#1			
#2			
#3			

**Your action plan for achievement #2:**

<i>What steps will you take?</i>	<i>When or how often will you do them?</i>	<i>How can your care worker support you?</i>	<i>What are the other people or things that can help?</i>
#1			
#2			
#3			

**Your action plan for achievement #3:**

<i>What steps will you take?</i>	<i>When or how often will you do them?</i>	<i>How can your care worker support you?</i>	<i>What are the other people or things that can help?</i>
#1			
#2			
#3			

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date