VCRHYP Transitional Living Program Plan of Care

Youth name: _____ Date of plan creation: _____

Which of the following things do you want to work on together?	
☐ **Benefits & Financial Assistance** *(such as applying for food stamps, Reach Up, WIC, etc.)*	Which of the following do you want to apply for? ☐ 3SquaresVT (food stamps) ☐ Reach Up ☐ WIC ☐ Subsidized housing ☐ Other: _____ Do you have everything you need to apply (application, documentation, identification, etc.)? ☐ Yes ☐ No ☐ I'm not sure.
☐ **Education** *(such as staying or enrolling in high school, attending college or training programs, learning about financial aid, getting your GED)*	What level of education do you want to complete? *(e.g. high school diploma, GED, college degree, vocational certification, etc.)* What are you interested in learning about?
☐ **Employment** *(such as applying for jobs, writing a resume, preparing for interviews, getting along with your boss/coworkers)*	What type of work would you like to do? What work experience have you had? Do you have an up-to-date resume? ☐ Yes ☐ No ☐ I'm not sure.
☐ **Health** *(such as applying for health insurance, finding a doctor or dentist, seeing a mental health or substance abuse counselor)*	What health care providers are you already connected with? What types of health care do you want or need to connect with? *(e.g. doctor, dentist, mental health counselor, substance abuse treatment, etc.)*
☐ **Housing** *(such as finding housing, staying where you currently are, managing relationships with landlords/ roommates/ neighbors)*	Can you or do you want to stay where you currently are? ☐ Yes ☐ No ☐ I'm not sure. If yes or unsure: what supports do you need to stay there? If no: how soon do you need to find another place to stay? Where do you want to be living in 6 months?

☐ **Legal** *(such as meeting requirements for probation/ diversion/court, getting a suspended license reinstated, paying legal fees/fines, coordination with others providing you legal services like a lawyer, BARJ, drug court, etc.)*	What legal issues are you currently dealing with? Where are you in the process of resolving these legal issues? Who should we contact to get more information about these legal issues?
☐ **Life Skills** *(such as learning how to budget or prepare healthy meals)*	What skills are you interested in learning?
☐ **Parenting support** *(such as finding child care, learning parenting skills, getting the things you need for your child)*	How old is/are your child/children? What resources are you already connected with or accessing for parenting support?
☐ **Support** *(such as connecting with family, making new friends, accessing other programs or organizations)*	Who do you want to connect with for support?
☐ **Something else**	What do you want to work on together?

Resources and Essential Documents			
Birth certificate:	☐ Have ☐ Need	Job reference:	☐ Have ☐ Need
Social security card:	☐ Have ☐ Need	Housing reference:	☐ Have ☐ Need
Photo ID:	☐ Have ☐ Need	Personal reference:	☐ Have ☐ Need
Medical records:	☐ Have ☐ Need	High school transcripts:	☐ Have ☐ Need
Phone/way to communicate:	☐ Have ☐ Need	College transcripts:	☐ Have ☐ Need

Who are the people in your life and should we include them in our work together?			
Relationship	*Names*	*They are supportive*	*You want them included*
Parents		☐	☐
Siblings		☐	☐
Other family members		☐	☐
Someone else who cares for me/is important to me/my family		☐	☐
Friends		☐	☐
Boy/girlfriend/dating partner		☐	☐
Online friendships		☐	☐
Teachers/adults at school		☐	☐
Other adults close to you		☐	☐
Spiritual community		☐	☐
Cultural/ethnic community		☐	☐
Work, clubs, teams, or groups		☐	☐

What other programs or providers are you connected with right now?			
Name & where they work:	*What do they help with?*	*How often do you see them?*	*Okay to contact them**
			☐
			☐
			☐
			☐
			☐

*complete Release of Information

SUMMARY OF ASSESSMENTS

Strengths and challenges identified from the Resiliency Assessment:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Helpful information from other assessments:

Assessment	How it informs Plan of Care needs

GOAL #1
Based on what you want to work on together, what is one of your goals for the next six months?

_____

What will your action plan be for this goal?

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?

GOAL #2
What is a second goal you want to work on during the next six months?

_____

What will your action plan be for this goal?

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?

GOAL #3
What is a third goal you want to work on during the next six months?

_____

What will your action plan be for this goal?

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:	○ Every day ○ _____ times a week ○ Every other week ○ Once a month ○ Other:
The times that work best to meet for you are:	

_____ _____

Youth signature Date

_____ _____

Legal guardian signature (if under 18) Date

_____ _____

Youth care worker signature Date

6-month Contact Information Update

Contact Information	
Home phone:	
Cell phone:	Is texting okay? ☐ Yes ☐ No
Email:	
Mailing address:	
Other ways to contact you:	

If you are under 18 who is your legal guardian? OR If you are over 18 who is your emergency contact?	
What is their relationship to you?	
Do they know that you have come in for help?	☐ Yes ☐ No
Do we have your permission to contact them?	☐ Yes ☐ No
What is their phone number?	
Is it okay to leave a message?	☐ Yes ☐ 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? ☐ Yes ☐ 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:	○ Every day ○ _____ times a week ○ Every other week ○ Once a month ○ Other:
If I have to miss a meeting, it is okay. I will let my care worker know and try to find another time. **The best way for me to contact my care worker if this happens is:**	
Next meeting dates:	