VCRHYP Plan of Care Template

Youth Name: ____________________________ DOB: _________________________

Youth Care Worker helping Youth Create Plan: ____

Date: _______________________________________

VCRHYP Program: BCP TLP

Reason for Accessing Services: *What are you most concerned about at this moment?*

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Housing Goal:	
What is it about me that will help me accomplish this goal:	
Things I can do to accomplish this goal:	
How will I know I am making progress:	
What strengths or assets am I building:	

Additional Goals: *Refer to Appendix 1 for help*

Goal:	
What is it about me that will help me accomplish this goal:	
Things I can do to accomplish this goal:	
How will I know I am making progress:	
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Potential Barriers To Your Progress – *What do you think are potential barriers to your progress? What are your plans to manage these barriers? (Examples of barriers may include transportation problems, cognitive and/or communication impairments, substance use, etc).*

Strengths: *Refer to Appendix 2 for help*

Support Systems: *Who do you consider to be supportive people in your life?*

List specific individuals here and describe in what ways these people have been resources to you? How can they be helpful to your current situation or in the future?

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Coordination of Care – *Create a coordination of care plan if you are receiving services from multiple care providers. Include names and locations of other providers & services they are providing.*

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Signatures of Plan Participants:

Signature of Youth: ____

Date: ______________________

Signature of Parent (*if appropriate*): ____

Date: ______________________

Signature of Agency Youth Worker: ____

Date: ______________________

Diagnosis Code: ___________________________

Signature of Licensed Practitioner: ____

Date: ______________________