

VCRHYP Crisis Plan of Care

Participant 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 getting to school and/or work.
<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 finding a job.
<input type="checkbox"/> I need help with an eviction or landlord issues.	<input type="checkbox"/> I need help with court or probation issues.	<input type="checkbox"/> I need help connecting with another support.
<input type="checkbox"/> I need help because of my sexual orientation, gender identify, and/or racial identity.	<input type="checkbox"/> I need something else:	

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?	<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?	

How do you prefer to receive support? Check all that apply	<input type="radio"/> I want written materials to read. <input type="radio"/> I want to listen to someone tell me options or read through materials. <input type="radio"/> I want support to find and connect with other resources on my own. <input type="radio"/> I want to talk about support in a meeting with a care worker. <input type="radio"/> I want to connect with someone who is having similar challenges.
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Who are the people in your life and should we include them in our work together?			
<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"/>

**Complete Release of Information*

Are you connected with other care providers or work with other agencies?			
<i>Name & 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:

Need	Action	Timeline
<i>Ex: 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			

Participant signature

Date

Care worker signature

Date