

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?*

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:

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:	

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What is it about me that will help me accomplish this goal:	
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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:	

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:

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?

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.*

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: _____