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| **Family Name:** |  | **Wraparound Facilitator’s Name:** |  |
| **Date of This Meeting:** |  | **Date of Next Meeting** |  |
| **Is this Plan in the Transition Phase?** | **Yes  No** |  |  |

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| **Wraparound Team Meeting Participants** | | | | | |
| **Name** | **Relationship** | **Type:**  **N=Natural, I=Informal,**  **F=Formal** | **Name** | **Relationship** | **Type:**  **N=Natural, I=Informal,**  **F=Formal** |
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| ***Status of Safety and Stability Plan*** |
| No new safety and stability needs identified at this time. Previous Safety and Stability plan remains active |
| We need to plan for the need according to the Safety/Stability Risk Assessment (select one below)  Immediate  Within 15 days |

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| **STRENGTHS - SUCCESSES - ACCOMPLISHMENTS:** |
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| **NM High-Fidelity Wraparound Action Plan** |
| **FAMILY VISION:** |
| **Please rate how close you are to your Vision today**  **(1=Not Close & 10=Reached): 1 2 3 4 5 6 7 8 9 10** |

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| **WHAT ARE YOU WORKING ON? (Mark ONE):  UNDERLYING NEED OR  CONCRETE NEED**    **ENTER NEED STATEMENT** | | | | | | |
| **Benchmark-Only one per need**  **ENTER BENCHMARK** | | | | | | |
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| **STRATEGY - WHAT ARE WE GOING TO DO TO MEET THE NEED (DESCRIBES AN ACTION THAT WILL TAKE PLACE)** | | **Is this a community based or a formal service strategy?**  **(C or F)** | **WHO IS GOING TO DO IT?** | **WHEN WILL IT BE DONE?** | **WHEN WAS IT REVIEWED?** | **STRENGTH OR SUPPORTS USED TO HELP COMPLETE THE TASK** |
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| **Note/Misc:** |  | |  | | | |

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| **WHAT ARE YOU WORKING ON? (Mark ONE):  UNDERLYING NEED OR  CONCRETE NEED**    **ENTER NEED STATEMENT** | | | | | | |
| **Benchmark-Only one per need**  **ENTER BENCHMARK** | | | | | | |
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| **STRATEGY - WHAT ARE WE GOING TO DO TO MEET THE NEED (DESCRIBES AN ACTION THAT WILL TAKE PLACE)** | | **Is this a community based or a formal service strategy?**  **(C or F)** | **WHO IS GOING TO DO IT?** | **WHEN WILL IT BE DONE?** | **WHEN WAS IT REVIEWED?** | **STRENGTH OR SUPPORTS USED TO HELP COMPLETE THE TASK** |
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| **Note/Misc:** |  | |  | | | |

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| **Needs identified but not prioritized in this plan.** | |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Either prioritized or non-prioritized needs must include all needs in CANS that received a score of 2 or 3.** |