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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** |
|  |
| **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** |
|  |
| **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.** |