

## Wraparound Plan of Care

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date mailed: \_\_\_\_\_  
 Family Members: \_\_\_\_\_  
 Other Team members and relationship to the family: Shana, Dianne, Pat, Mollie-  
 Connections team,  
 Date of First Wraparound Meeting: \_\_\_\_\_  
 Date of Next Wraparound Meeting: \_\_\_\_\_  
**Mission Statement:**

### Attendance for Child and family team meeting

	Immediate Family		Natural/Informal Supports		Formal Supports
☺		☺		☺	Shana
☺		☺		☺	Dianne
☺		☺		☺	Pat
☺		☺		☺	Mollie
☺		☺		☺	
☺		☺		☺	

☺ - Attended last meeting      ☹ - Did not attend last meeting  
 ☆ - New member      📧 - Need address      🎵 - Guest

Ground rules and team process, including how decisions are made, was discussed. The team strengths were developed and reviewed. The team brainstormed a mission statement and possible needs across the ten domains. The following three were chosen as the most important to help meet the mission statement. Accomplishments will be addressed starting at the next wrap

- 1)
- 2)
- 3)

**Strengths:**

**Accomplishments:**

**Plan for each Need:**

Need #1:

**Additional strategies brainstormed:**

**Strengths that will help team members accomplish tasks:**

**Update (Assessment, Adjustment, new assignments):**

Need #2:

**Additional strategies brainstormed:**

**Strengths that will help team members accomplish tasks:**

**Update (Assessment, Adjustment, new assignments):**

Need #3:

**Additional strategies brainstormed:**

**Strengths that will help team members accomplish tasks:**

**Update (Assessment, Adjustment, new assignments):**

**Safety/Crisis plan if needed-If not needed document why**

**Additional needs identified by team members but not picked at this time:**

**Potential team members identified:**