## HENDERSON MENTAL HEALTH CENTER, INC.
### CHILD AND FAMILY INDIVIDUALIZED WRAPAROUND PLAN

<table>
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<tr>
<th>LIFE DOMAIN &amp; (# from SNCD)</th>
<th>MEASURABLE GOALS: (in family’s words)</th>
<th>REFERRALS, SERVICES, COMMUNITY &amp; NATURAL SUPPORTS, MEASUREABLE ACTION STEPS /FREQUENCY</th>
<th>PERSONS RESPONSIBLE</th>
<th>DATE OF REVIEW/ UPDATES</th>
<th>DATE ACHVD</th>
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### Long Term Vision (in client’s words):

- Conditions for discharge: Target goals achieved or when adequate social support system is established as determined by family/person served.
- I have participated in the formulation of this wraparound plan:

  **Client:** ___________________________  **Date:** ____________  **Team Member:** ___________________________  **Date:** ____________

  **Guardian:** ___________________________  **Date:** ____________  **Team Member:** ___________________________  **Date:** ____________

  **Guardian:** ___________________________  **Date:** ____________  **Team Member:** ___________________________  **Date:** ____________

  **Facilitator:** ___________________________  **Date:** ____________  **Team Member:** ___________________________  **Date:** ____________