### Long Term Vision

**Life Domain**

<table>
<thead>
<tr>
<th>LIFE DOMAIN</th>
<th>MEASURABLE GOALS: (in family’s words)</th>
<th>REFERRALS, SERVICES, COMMUNITY &amp; NATURAL SUPPORTS, MEASURABLE ACTION STEPS /FREQUENCY</th>
<th>PERSONS RESPONSIBLE TARGET DATE (include phone #)</th>
<th>DATE OF REVIEW/ UPDATES</th>
<th>DATE ACHVED</th>
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</thead>
</table>

**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: ____________