

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

<b>CHILD &amp; FAMILY NAME:</b>	<b>FACILITATOR/CM NAME:</b>	<b>DATE:</b>	<b>MED REC #:</b>
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**Long Term Vision** *(in client's words):*

<b>LIFE DOMAIN &amp; (# from SNCD)</b>	<b>MEASURABLE GOALS:</b> <i>(in family's words)</i>	<b>REFERRALS, SERVICES, COMMUNITY &amp; NATURAL SUPPORTS, MEASUREABLE ACTION STEPS /FREQUENCY</b>	<b>PERSONS RESPONSIBLE TARGET DATE</b> <i>(include phone #)</i>	<b>DATE OF REVIEW/ UPDATES</b>	<b>DATE ACHVD</b>

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: \_\_\_\_\_