KIDSNET / COMMUNITY CARE PLAN

Youth _____ **Parent** _____ **School** _____ **Grade** _____ **DOB** _____

Date referred to KidsNet: _____ **Date DIQ/ROI completed:** _____ **Date Interagency Approval:** _____

Long Term Goal (in youth's own words): _____

CONTACT, TITLE	AGENCY	PHONE NUMBER

STRENGTH BASED GOALS
Goal I (Strengths)
Goal II (Strengths)

POTENTIAL CRISIS

Crisis Triggers: _____

_____

_____

_____

Crisis Response (1):

Crisis Response (2):

Crisis Response (3):

Please note: crisis response plan includes safety contract and calling 911, if necessary.

TRANSITION

Transition Goal 1: _____

_____

_____

Transition Goal 2: _____

_____

_____

Community Resources Available to Assist Transitional Goals:

_____

_____

_____

_____