

## Hancock County Family and Children First Council Service Coordination/Wraparound Progress Report

*\*Please complete and submit form to Family and Children First Council Coordinator*

Youth/Family Name:	DOB:
Person Completing Form:	Date:
<b>Report Period:</b>	
From:	To:
Meeting dates during report period:	
Anticipated Discharge Date: ___/___/___	
End date of funding agreement: ___/___/___	
Team members involved with youth/family:	
Current placement (If changed from last report, please indicate dates and reasons for change):	
<p><b><u>School District</u></b></p> <p><input type="checkbox"/> Findlay City Schools</p> <p><input type="checkbox"/> ESC</p> <p><input type="checkbox"/> Digital Academy</p> <p><input type="checkbox"/> Other _____</p> <p style="padding-left: 20px;">Grade _____</p>	
Progress Narrative/update since last report, focusing on clinical strides made:	

<p>Action Plan for next report period-if continued placement, steps take to help youth return to community:</p>
<p>Stated Outcome; please explain in expected outcome:</p> <p><input type="checkbox"/> Family Preservation</p> <p><input type="checkbox"/> Family Reunification</p> <p><input type="checkbox"/> Independent Living</p>
<p>Did youth/family access a family advocate during this period?    ___ YES    ___ NO</p> <p>Have outcomes been achieved this period?                                    ___ YES    ___ NO</p> <p>Is there a need to continue using this plan's strategy?                    ___ YES    ___ NO</p> <p>Is there a need for continued services utilizing other strategies        ___ YES    ___ NO</p> <p>If yes, give details (including costs) in action plan.</p>
<p>To date, youth/family has realized significant progress on what percentage of the identified goals listed on the IFSCP (circle best response).</p> <p>a. 50% or under</p> <p>b. 60-65%</p> <p>c. 70-75%</p> <p>d. 80-85%</p> <p>e. 90-95%</p>

Signature	Date
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