

Hancock County Family and Children First Council Service Coordination/Wraparound Transition Planning

Youth/Family:	Dates of Transition: _____ through _____
Participants from Transition Planning Meetings:	
Ground Rules:	
Celebration and/or New Strengths:	
Family Vision & Team Mission:	
Review of Strengths: Youth: Family: Team Members:	
What didn't work? How will the family maintain progress?	

<p>Review of Needs/Goals: Original identified needs of the youth and family:</p> <p>Prioritized Needs addressed and defined during the Service Coordination/Wraparound process:</p> <p>To date, youth/family has realized significant progress on what percentage of the identified goals listed on the IFSCP?</p> <ul style="list-style-type: none"> a. 50% or under b. 60-65% c. 70-75% d. 80-85% e. 90-95% f. 100% <p>Explanation:</p>	
<p>Crisis/Safety Plan post Service Coordination/Wraparound: (Attach active Crisis plan or attach new plan). If not applicable please note reason.</p>	
<p>Follow up post Service Coordination/Wraparound: Who will continue to be involved?</p> <p>Who else needs copies/updates about service coordination/wraparound status?</p> <p>Who will follow up with the family about new needs/concerns:</p>	
<p>Celebration: How should the team celebrate?</p> <p>Date and Time:</p> <p>Where:</p> <p>Who should be included?</p>	
<p>Other:</p>	
<p>SC/Wraparound Coordinator Signature:</p>	<p>Date:</p>