

SAFE AT HOME WV WRAPAROUND MONTHLY SUMMARY

Admission Date:

Review Date:

Local Coordinating Agency:

Wraparound Facilitator:

Family Demographics

| | | |
|------------------------|------------------|--------------------|
| Family Name: | FACTS Case ID: | County of Service: |
| Address: | | |
| City, State, Zip Code: | | Phone: |
| At-Risk Youth: | FACTS Client ID: | |
| Placement Residence: | | Phone: |
| Address: | | |
| City, State, Zip Code: | | |

Educational Information (please identify the education information for the identified at-risk youth)

| | |
|--|--------------------|
| Current School: | Phone: |
| Address: | |
| City, State, Zip | Academic Standing: |
| Grade Level: | IEP: |
| Does the current IEP meet the youth's educational needs (briefly explain): | |
| Date of last IEP Review: | |

Family Household (Provide name and relationship of each member of the household of primary residence)

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|--|---------------|
| Name: | Relationship: |
| Absent Parent Information (Please list any absent parent identified with contact information): | |

Family Team Members

| | |
|--------|---------------|
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |
| Name: | Relationship: |
| Email: | Phone: |

Judicial Information

Case Number(s):

| | |
|---------------------------------------|-------------------|
| Judge: Phone: | County: Email: |
| Juvenile Probation Officer: Email: | Phone: |
| Prosecuting Attorney: Email: | Phone: |
| Youth's Attorney: Email: | Phone: |
| CASA: Email: | Phone: |

WRAPAROUND Plan Goals (identify top 4 active goals)

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| Goal 1: |
| Goal 2: |
| Goal 3: |
| Goal 4: |

WRAPAROUND Summary of Progress (include information related to service provision, progress, barriers and methods to address barriers, family participation, meetings, linkage and safety concerns occurring within the month of service)

Goal 1

Related Case Activity:

Progress:

Barriers & Methods to Address Barriers:

Goal 2

Related Case Activity:

Progress:

Barriers & Methods to Address Barriers:

Goal 3

Related Case Activity:

Progress:

Barriers & Methods to Address Barriers:

Goal 4:

Related Case Activity:

Progress:

Barriers & Methods to Address Barriers:

Summary of Home Visits & Contacts with Family Members, Including Dates:

Summary of Family Participation:

Referrals and Linkage to Community Supports or Services:

Safety Concerns:

Additional Comments:

Medication Changes

| Change in Medication | Medication Purpose | Reason for Medication Change | Date of Change |
|-----------------------------|---------------------------|-------------------------------------|-----------------------|
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