

Revised 6/15/10

Child/Student Name: \_\_\_\_\_

Plan Dates from: \_\_\_\_\_ to: \_\_\_\_\_ (Circle One) New Plan or Renewal Plan

**\* Plans may be amended up to one year. After one year a new plan must be completed\***

**MISSION STATEMENT**

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**PROGRESS STATEMENT**

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**EDUCATIONAL DOMAIN**

**9. EDUCATIONAL / VOCATIONAL:** Describe the current educational status and any work experience. Key issues: grade level, special education support, work experience, goals and interests.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

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b. At this time the child and family have no need in this area. Initials: \_\_\_\_ and Date: \_\_\_\_

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

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d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

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**LIFE DOMAIN**

**1. PHYSICAL NEEDS / LIVING SITUATION:** Describe the living arrangement of the child and the basic and financial needs of the child and family. Key issues: Space, privacy, safety, comfort, local resources, food, clothing, furnishings, and transportation.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

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b. At this time the child and family have no need in this area. Initials: \_\_\_\_ and Date: \_\_\_\_

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

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<b>LAN ID #</b>
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>2. FAMILY / ATTACHMENT:</b> Describe the child's current or planned family arrangement. Key issues: Family constellation, extended family, family relationships, support for caretaker, relationship with siblings, permanency.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>3. SAFETY:</b> Describe the child's/family's current situation in terms of crisis management/ability to handle crisis situations. Key issues: Emergency contacts, resources, potential precipitators, strategy and resolution, crisis management.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>4. SOCIALIZATION:</b> Describe the child's/family's current or planned social and recreational patterns. Key issues: physical fitness, hobbies, interests, support systems, friends, family bonds.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:

<b>LAN ID #</b>
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>5. CULTURAL AND SPIRITUAL:</b> Describe any ethnic, national, spiritual traditions and interests important to the child/family. Key issues: traditions, mores, faith, belief, language, support, comfort.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>6. EMOTIONAL / PSYCHOLOGICAL:</b> Discuss the significant mental health issues involving the child and family, including psychological, psychiatric or substance abuse matters. Key issues: family history, current behavioral status, current psychological status, alcohol/drug abuse history and psychotropic medications.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

<b>LAN ID #</b>
<b>7. HEALTH:</b> Discuss the physical and dental history and health status of the child. Key issues: medication, special needs, access to medical/dental care, immunizations, well-baby care.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:
<b>8. LEGAL:</b> Describe history of involvement with law enforcement and/or the courts. Key issues: current legal status, DCFS status, Department of Corrections, adjudication, probation, parole.
a. Identify the <b>STRENGTHS</b> of the domain centered around home, community, and school:
b. At this time the child and family have no need in this area. Initials: _____ and Date: _____
c. Identify the <b>NEEDS</b> of the domain in regard to home, community, and school:
d. <u>Identify the Services, Supports, and Other Interventions</u> requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

LAN ID #

LAN FLEX SIGNATURE PAGE

Child and Family Team Member Signature

Core Team Members

Printed Name

Signature

Date

Parent/Guardian: \_\_\_\_\_

Child: \_\_\_\_\_

Facilitator: \_\_\_\_\_

DCFS/POS Caseworker: \_\_\_\_\_  
(DCFS Cases Only)

**Other team members from the community** (i.e., Extended Family Members, Neighbors, Ministers, Teachers, Friends, Interested Community Agencies, Service Providers, etc.) **MUST HAVE A LEAST ONE TEAM MEMBER FROM THE COMMUNITY. One needs to be a school representative.**

Relationship

Printed Name

Signature

Date

Relationship	Printed Name	Signature	Date

**CONSENT FOR RELEASE OF INFORMATION & APPROVAL OF THE WRAP FLEX PLAN**

We authorize the release of all information contained in the LAN Wraparound Form to the members of C&A LAN # \_\_\_\_\_ and the Child & Family Team for consideration of services and evaluations purposes. This consent has been explained to me in a language that I can understand. The consent is valid until (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Client, IF over 12: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For DCFS Purposes only:

DCFS Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Understanding by Service Provider**

**Statement of Understanding:** I, \_\_\_\_\_,  
Print Full Name

as an employee of \_\_\_\_\_ certify that I will not submit billing for Flex Funding of any services funded/provided by my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_