|  |
| --- |
| [ ] **YOUTH AND FAMILY STRENGTHS - (Family and youth resources)** |
|  |
|

|  |  |
| --- | --- |
| Need:  | Intended Result: |
|  |  |
| *Service or support* | *Task and who assigned* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |
| *Service or support* | *Task and who assigned* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |

 |
|

|  |  |
| --- | --- |
| Need:  | Intended result: |
|  |  |
| *Service or support* | *Task and who assigned* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |
| *Service or support* | *Task and who assigned* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |

 |
|  |
|

|  |  |
| --- | --- |
| Need:  | Intended result: |
|  |  |
| *Service or support:* | *Task and who assigned:* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |
| *Service or support:* | *Task and who assigned:* | *Date to complete task* | *Funding needed?* |
|  |  |  |  |

 |
|  |
| **IF CSA FUNDING WILL BE REQUESTED FOR ANY OF THE ABOVE LISTED SERVICES, PLEASE REVIEW THESE IMPORTANT POINTS:** |
| * [ ]  *The services being requested are the least restrictive and most cost-effective as possible.*
* [ ]  *All funding sources will be explored and utilized before requesting CSA funding.*
* [ ]  *Medicaid funding for services will explored and utilized prior to requesting CSA funding.*
* [ ]  *Parents will be advised of the copayment requirement for any CSA funded service.*
* [ ]  ***I declined to have a parent support representative attend the meeting.***
 |
| **Team participants: *My signature below indicates my presence and participation in developing our action plan. I understand and agree to cooperate with the implementation of the action plan.*** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Printed name: | Signature | Agency/ Role | Date Signed | Attended Meeting  | Email*(\*optional)* | Phone |
|  |  | Youth |  |[ ]   |  |
|  |  | Parent/Guardian |  |[ ]   |  |
|  |  | Parent/ Guardian |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
|  |  |  |  |[ ]   |  |
| After actively participating in the meeting, including attempting to reach consensus through openly discussing area(s) of disagreement, I cannot agree with this plan.  I will provide a written summary of the reasons for my disagreement to the family and case manager on a timely basis. |

 |
| **When is the next meeting?**  |
| **Who needs to participate in next meeting? (Also list name and contact information for persons not at today’s meeting that need to be present at next meeting.)** |
| *\*\*A copy shall be distributed to all in attendance at the time of the meeting.* |