



Transition Plan

Name: _____

Date Developed: _____

Identification Information:

Family Name:		Date of Eligibility:	
Family Plan for:		Team Facilitator:	
Date of Mtg/Celebration:		Family Support Partner:	
Frequency for Follow-up:		Type of Follow-up:	

Type of Transition

Transition From – (was)		Transition To – (will be)	
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Child & Family Team Members: (List ongoing team members)

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone/Contact:</u>	<u>Role in Ongoing Support:</u>

Strengths Added at Transition: (Comments about team members and /or the process)

Family Vision: (same or revised)

Team Mission: (same or revised)

Celebration of the Achievement of Team Mission: (Where we have come from, when and how it was celebrated)

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Lessons Learned: (What worked, what did not)

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Modified Wraparound Process: (Who facilitates, how meeting is called, team members, and responsibilities)

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Family's Ongoing Needs after Transition:

<u>Needs:</u>	<u>Plan to meet these needs: (Who, what, when, where)</u>

Supports/Services

Type of Service	Agency Name	Contact Person	Phone Number and/or Email	Frequency	Plan/Goals
1.					
2.					
3.					

Alumni Tracking Information:

<p>Due to being discharged from High Fidelity Wraparound and successfully completing the goal areas, aftercare calls will be made to your family to follow-up on your continued progress. These calls are to continue to offer some support and gather information as to how successful the process was for your family after discharge. The calls will be made to your home, but in the event we are unable to contact anyone at that residency, please provide us with a second number and address so we can stay in contact.</p>			
Secondary Contact Person:			
Name:		Phone:	
Relationship to Youth:			
Secondary Address:			

Reviewed Crisis Plan (attached)

Updated Strengths, Needs, and Cultural Discovery (attached)

If after your discharge from High Fidelity Wraparound you should need to talk about thoughts or feelings of self-harm or suicide, there is help available. You may call the **NATIONAL SUICIDE PREVENTION LIFELINE** at **1-800-273-TALK (8255)** or visit their website at <http://www.suicidepreventionlifeline.org>

Youth's Signature

Date

High Fidelity Wraparound Staff
Signature

Date

Parent's Signature

Date