**The X Family**

Enrollment Date:

First Edition: (Date)



**Family Members:**

**X        X**

X        X



**Family Vision**



**The Family**



**Strengths**

**Residence/** **Community:**

**Extended Family/Friends:**

**Social/Recreational:**

**Emotional Behavioral:**

**Education:**

**Concerns from team members:**

**Anticipated Team Members: (identified by the youth and family)**

***(Include relationship):***

**Need 1:**

**Strengths:**

**Culture:**

**People: (who can help)**

**Need 2:**

**Strengths:**

**Culture:**

**People: (who can help)**

**Review Date(s):**

***I have had the opportunity to review this document, all changes have been made according to my wishes and I approve this document to be shared with my team members.***

 **Youth Date**

**Parent/Guardian Date**

**Workforce member Date**