**XXX Family**

**Family Vision**

(Text)

**Priority Needs:** (by youth and family)

1. ….
2. ….

**Family:**

(Text)

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

(Text)

**Social/Recreational:**

(Text)

**Employment/Vocation/Income:**

(Text)

**Safety:**

(Text)

**Emotional/Behavioral:**

(Text)

**Health:**

(Text)

**Legal:**

(Text)

**Education:**

(Text)

**Spiritual:**

(Text)

**Concerns from team members:**

(Text)

**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)**

**Enrollment Date:**

**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**