State of Illinois
Department of Children and Family Services

ILO/TLP WRAPAROUND PLAN

A. DEMOGRAPHICS

1. Child Name: _____ 2. Date of Birth: _____ 3. Age: _____

4. Gender: ____ 5. DCFS Child ID#: _____ 6. DCFS Family ID#: _____

7. Child's Current Address: _____
City: _____ State: _____ Zip: _____

8.Child's Current Living Arrangement:
☐ HMR ☐ Regular Foster Care
☐ Specialized or Treatment Foster Care ☐ Residential Care ☐ Detention
☐ Department of Corrections Facility ☐ Emergency Shelter ☐ Hospitalized
☐ Other (Specify) _____

9. Permanency Goal: _____

10. LAN of Relevance: _____ 11. WSAA: _____ 12. DCFS Region: _____

13. Clinical Convener: _____ Phone: _____

14. Case Worker: _____ Phone: _____

15. Supervisor: _____ Phone: _____

This plan must be completed for any youth who is being recommended for either independent living services or transitional living program services per the provisions of Policy Guide 2001.10. The plan must be submitted to the appropriate regional Clinical Services Manager with all other information that is required by Policy Guide 2001.10 (see Policy Guide 2001.10, Appendix A). The plan should describe in detail the services and interventions that would be provided to the youth should the youth be approved for independent living services or transitional living services by the appropriate regional Clinical Services Manager and the Deputy Director of the Division of Education and Transition Services.
Additionally, a CFS 968-62B, ILO, Safety and Risk Management Plan, MUST be completed and attached to this form for any youth who has one or more of the following conditions or problems as listed in Policy Guide 2001.10: mental illness/mental health problem; sexually aggressive child or youth; developmental disability; delinquency; Department of Corrections; alcohol or drug abuse; physically aggressive; gang involvement; and/or complex/serious medical problem.

B. LIFE DOMAINS

1. PHYSICAL NEEDS/LIVING SITUATION - Describe the living arrangement of the child and the basic and financial needs of the youth. Key Issues: Space, Privacy, Safety, Adult Supervision, Comfort, Local Resources, Food, Clothing, Furnishings and Transportation

a. Identify the services, goods, 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.

_____
_____
_____
_____
_____

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

2. FAMILY/ATTACHMENT - Describe the child's current or planned family arrangement - Key Issues: Family Constellation, Extended Family, Family Relationships, Mentoring, Significant Others, Relationship with Siblings, Permanency

a. Does the youth have regular contact with and support from family, extended family, and significant others? What services, supports and other interventions are needed to support the youth's connectedness and support for transition to adulthood?_____

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

3. SAFETY/RISK - Describe the youth's current or planned situation in terms of crisis management/ability to handle crisis or emergency situations. Key Issues: Emergency Contacts/Resources, Potential Precipitators, Strategy and Resolution, Crisis Management

a. Does the youth have a history of one or more of the following conditions or problems as listed in Policy Guide 2001.10..: mental illness/mental health problem; sexually aggressive child or youth; developmental disability; delinquency; Department of Corrections; alcohol or other drug abuse; physically aggressive; gang involvement; and/or complex/serious medical condition? _ _ Yes _ _ No

b. If YES, complete and attach the Safety and Risk Management Plan (CFS 968-62B) Possible services include: additional casework support, protective services, SACY plan, day treatment, informal community supports, professional services, relapse prevention services.
At this time the youth does not have any needs in this area. Initials_____ and Date: _____

4. SOCIALIZATION - Describe the youth's/family's current or planned social and recreational patterns. Key Issues: Physical Fitness, Hobbies/Interests, Support Systems, Friends, Family Bonds

a. Does youth have friends and extra-curricular activities? Identify the services that may be needed to support the youth's integration into the community and the development of self-esteem and positive bonds.

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

5. CULTURAL AND SPIRITUAL - Describe any ethnic, national, spiritual traditions and interests important to the youth/family. Key Issues: traditions, mores, faith, beliefs, language, support, comfort

a. Identify key services that the youth needs to support any cultural or spiritual traditions that the youth has or may aspire to have._____

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

6. EMOTIONAL/PSYCHOLOGICAL - Discuss the significant mental health and/or behavior management issues involving the youth, 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 services, supports and other interventions necessary to meet the youth's mental health needs and the changes that are desired or anticipated in the youth's emotional well-being.

b. At this time the youth does not have any needs in this area. Initials _____and Date: _____

7. HEALTH - Discuss the physical and dental history and health status of the youth. Key Issues: Medication(s), Special Needs(s), Access to Medical/Dental Care, Immunizations, Well-Baby Care, Pregnancy and STD Prevention

a. Identify the services, supports, and other interventions necessary to support the youth in securing regular and extraordinary preventive and interventive health care._____

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

8. EDUCATIONAL/VOCATIONAL - Describe current or desired educational status and, if applicable, work experience. Key Issues: Grade Level, Specialized Educational Support, Work Experience, Goals/Interests, Vocational Education, Youth in College and Youth in Scholarship program, literacy, post emancipation support

a. Identify the services, supports and interventions necessary for any youth, who has not completed high school or not attained GED. If the youth plans to attend college, identify supports needed for the educational plan.

b. At this time the youth does not have any needs in this area. Initials _____ and Date: _____

c. The youth received his/her high school diploma/GED on Date: _____

9. PREGNANT AND PARENTING TEENS - Describe, discuss and identify the parenting ward's (male or female) current needs in the areas of parenting education, child care /child care transportation; infant medical services; housing especially for parents with 3 or more children; etc per Appendix J, Rule and Procedure 302.

a. Identify the parenting/pregnant ward's needs to successfully complete the pregnancy and/or to effectively raise and care for her/his children, **keeping in mind any special services needed due to issues raised in sections 6 & 7**.

b. At this time the youth does not have any needs in this area. Initials _____and Date: _____

10. LEGAL - Describe history of involvement with law enforcement and/or the courts. Key Issues: Current Legal Status, DCFS Status, DOC, Adjudication, Probation, Parole

a. Identify the services, supports, and other interventions requested for this domain and the measurable changes, which are desired or anticipated. _____

b. At this time the youth does not have any needs in this area. Initials_____and Date: _____

C. WRAPAROUND PLAN BUDGET

(1) Life Domains (Identify the life domain for each service/good/inter-Intervention in this Plan)	(2) Services/Goods/ Interventions	(3) Unit Rate	(4) Frequency	(5) WSAA Funds	(6) WRAP Exception Needed? Yes	(6) No	(7) Other Funds and Source of Other Funds a. Funds	b. source	(8) Wrap Total (Column 5 Plus Column 7a = Total)
TOTALS				$			$		$

NOTE: EXCEPTION APPROVAL PROCESS FOR DCFS WRAPAROUND PLANS
As stated in the preface to the Wraparound Service and Rate Catalog, any funds requested from the WSAA that are an exception to goods or services listed in the catalog must be authorized by the Associate Deputy Director and the signed exception must be attached to the Wraparound Plan BEFORE obtaining approval at the appropriate level(s) as designated below. These exceptions should also be noted in Column 6 of "Section F. Wraparound Plan Budget" on Page 6 of this Wraparound Plan.

D. APPROVAL/SIGNOFF

1. Supervisor: _____ Date: _____

2. Field Service Manager _____ Date: _____
or Clinical Service Coordinator

3. Recommended ILO-TLP Provider: _____ Date _____

4. Regional Clinical Manager: _____ Date: _____

5. DCFS Regional Administrator: _____ Date: _____
(Required ONLY for youth previously denied by DETS)

6. Deputy Director: _____ Date: _____
Division of Education and Transition Services

Wraparound Plan Start Date: _____ Wraparound Plan End Date: _____

DCFS staff approval is needed and Wraparound Plan will be processed through the appropriate Wraparound System Administrative Agent (WSAA).

a. For plans of $4,000 or less and up to four months in duration:
Clinical Convener: _____ Date: _____

b. For plans between $4,000 - $18,000 and/or between four to six months in duration, this level approval is also needed:
Regional Administrator: _____ Date: _____

c. For plans over $18,000 and/or longer than six months in duration, this level approval is also needed:
Deputy Director/Operations: _____ Date: _____

NOTE: Services are only authorized for the time period of this Wraparound Plan. Services may NOT begin prior to the approval date of the highest level of signature required regardless of level of signature needed.

E. CHILD AND FAMILY TEAM MEMBER SIGNATURE SHEET
CORE TEAM MEMBERS

	Printed Name	Signature	Date
Family Member:			
Child (if over 12):			
Caregiver/Current/Prospective:			
Wraparound Facilitator:			
DCFS/POS Case Worker:			
Staffing Convener (FSM or CSC)			
ILO-TLP Provider:			

OTHER TEAM MEMBERS FROM THE COMMUNITY (i.e., extended family members, neighbors, ministers, teachers, friends, interested community agencies, service providers)

Relationship	Printed Name	Signature	Date