Service Coordination Brant

Coordinated Service Plan

Child/Youth Name: **Address:**	**Date of Birth** (DD/MM/YYY): **Date of Plan** (DD/MM/YYY):

Parent/Legal Guardian: **Name** and **Relationship**	**Address** (if different from child/youth)	**Phone(s); Email**
Language(s) Spoken		
Interpreter Required?	☐ Yes ☐ No Comments:	

Present Situation of Child/Youth and Family: (Brief highlights)

-

Family Team (Identify those involved: youth, family, friends; all service providers, school, health professionals)

Name	**Relationship/ Organization and Role**	**Phone/ Email**	**Involved in Development of Plan (Y/N)**

Child's Strengths, Interests and Needs:

-

Family's Strengths, Needs and Priorities (include cultural priorities; *hopes and dreams; what would help the family the most; any barriers to service?*):

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How the Family Team will support the integration of services with the child/youth and family's priorities		
Family's Priority/Goal	**Who is Responsible to do What**	**Timeline**
	•	•
	•	•
	•	•
Anticipated CSP Discharge Date (DD/MM/YYYY); discharge plan		

Ensure expectations in the Plan are meaningful to and based on the family's/youth's priorities.

Coordinated Service Planning Meeting Dates in the development of this Plan**:**

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The above plan includes transition planning for a youth age 14+:

☐ Yes it has been initiated ☐ No it has not been initiated ☐ No child is under age 14

- **Sector(s) for Transition Planning** (Select all that apply):
  ☐ Developmental ☐ Health ☐ Mental Health ☐ Other (specify):

This Plan has been provided to the following:	**Date**
Parent/Guardian *(Name)*:	
Contact Brant	

Completed by: **Agency:**

Service Coordinator's Signature: _____
(Signature confirms finalized with child/youth and family)