



CASE RESOLUTION
Client Profile for At Risk Review with a Coordinated Service Plan
Please attach the Coordinated Service Plan

Client Name: Click here to enter text. **Date of Birth:** Click here to enter text.
Service Coordinator: Click here to enter text. **Agency:** Click here to enter text.

Date of Case Resolution: Click here to enter text.

Goal of Case Resolution: *(Please be specific re supports to stabilize the situation)*
Click here to enter text.

CHILD/YOUTH PROFILE:

- 1. Clinical profile** *(Include diagnosis, clinical treatment plans, etc.):*
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.
- 2. Immediate health and safety risks** *(Include risk and urgency of need to reduce the risk):*
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.
- 3. Present situation of child and family** *(include strengths, living and school situation; views & preferences of child and family):*
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.
- 4. The reasons why the situation is not able to be resolved within the current services:**
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.
- 5. The clinical recommendation for specialized support to stabilize the individual and the rationale for these interventions – include description of supports required:**
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.

6. Describe how the immediate risk will be reduced because of this plan:

- Click here to enter text.
- Click here to enter text.
- Click here to enter text.

7. Timelines for this stabilization plan:

Click here to enter text.

8. The plan to return the child/youth to funded services once the Case Resolution supports have stabilized the situation:

- Click here to enter text.
- Click here to enter text.
- Click here to enter text.