



## CASE RESOLUTION Client Profile for TAY Review

Please attach the Coordinated Service Plan that includes the transition plan:

**Transitional Aged Youth Name:** [Click here to enter text.](#)

**Service Coordinator/Case Manager:** [Click here to enter text.](#)

**Agency:** [Click here to enter text.](#)

### GOAL OF CASE RESOLUTION:

Review of a transitional aged youth who:

<input type="checkbox"/>	Is a crown ward	<input type="checkbox"/>	Is age 16 (initial TAY review)
<input type="checkbox"/>	Has complex needs	<input type="checkbox"/>	Is age 17 (final TAY plan)

**CLIENT PROFILE:** *In point form, briefly summarize the situation:*

**1. Clinical profile** *(include diagnosis, clinical treatment plans, etc.):*

- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)

**2. Present situation of child and family** *(include living and school situation; views & preferences of child and family; strengths; safety risks):*

- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)