

LAN WORKSHEET INDEX GUIDE

INDEX	NAME	PROGRAMS	APPLICATION
INSTRUCTIONS	LAN Forms Instruction Sheet	Part I - Family Centered Services (FCS) and Flex; Part II-Part IV for DCFS Flex or ISBE Wrap(optional); Part V for DCFS Flex Funds.	Step-by-step instruction guide to completing the 5 worksheets to meet the data collection requirements of these LAN-based programs.
PART I	FCS / Flex Worksheet	Family Centered Services (FCS) and/or DCFS Flex Funds. Can also be used for I.S.B.E. Wrap Funds	To register and track when enrolling in these LAN-based programs. Reflects the reporting system data requirements for FCS/Flex.
PART II	LAN Wraparound Plan Approval Report	Mandatory for DCFS Flex and optional for ISBE Wrap plans	LAN Wraparound Budget Sheet; Authorization signatures from parents/caregivers, LAN committee; and provider statement of understanding.
PART III	LAN Wraparound Plan Signature Page	Mandatory for DCFS Flex and optional for ISBE Wrap plans	Child & Family Team Signatures and Consent for Release of Information.
PART IV	LAN Wraparound Plan	Page one is Mandatory for DCFS Flex and optional for ISBE Wrap plans.	The Wraparound Plan contains the 9 life domains.
PART V	LAN Flex Plan Report	Required for DCFS Flex plans only	To record discharge and outcomes information for quality improvement purposes.

LAN FORMS INSTRUCTION SHEET (Parts I - V)

PART I - LAN FCS/FLEX DATABASE APPLICATION	
	The purpose of this worksheet is to serve as an instrument to collect required fields when the on-line Data Collection system is not available. The FCS Provider or Flex Fiscal Agent is still responsible for data entering the fields recorded on Part I - FCS / FLEX WORKSHEET into the FCS/Flex On-line Data Reporting System.
CLIENT INFORMATION	
	"Client Last Name" and "Client First Name" are self-explanatory.
	"Gender" "X" for Client is Male or Female.
	"Age" and "Grade" are self-explanatory.
	"Ethnicity" - use the most appropriate 2-letter "Ethnicity" Code under Category Codes.
	"Language" - use the most appropriate 2-letter "Language" Code under Category Codes.
	"Referral Source Name" is the name of the person making the referral.
	"Phone #(s)" - Referral Source's phone or cell phone number or numbers.
	"Referral Source" - use the most appropriate 3-letter "Referral Source" Code under Category Codes.
	"DCFS Status" - use the most appropriate 2-letter "DCFS Status" Code under Category Codes
	"Home Environment" - use the most appropriate 2-letter "Home Environment" Code under Category Codes.
	"Open Date:" - enter the date that the plan is in effect for the client (when the program/services begin).
	"Closed Date:" - enter the date that the program/services/purchases end.
	"Eligible" - "X" in "Yes" or "No" box depending upon the determination if the client is eligible for enrollment.
	"Eligibility" - use the most appropriate 2-letter "Eligibility" Code(s) under Category Codes.
	"School Name" - the name of the school or education program the client is currently enrolled in.
	"School District" - enter the school district number and/or name, if appropriate.
CURRENT SCHOOL ISSUES	
	"Baseline" for "Truancy" "Suspension" "Expulsion" "School Moves" "Absences" is the number of these incidents that occurred within the last 12 months up until FCS/Flex enrollment.
	"Current" for "Truancy" "Suspension" "Expulsion" "School Moves" "Absences" is the number of these incidents that occurred since FCS/Flex enrollment for that current report month.
	"YTD" for "Truancy" "Suspension" "Expulsion" "School Moves" "Absences" is the number of these incidents that occurred since FCS/Flex enrollment.(the data system compiles).
	"Causes of Tru/Susp/Exp:" - use the most appropriate 2-letter 'Causes of Tru/Susp/Exp" Code(s) under Category Codes.
	"I.E.P.:" enter an "X" in the "Yes" or "No" Box depending on whether the client has a current "Individualized Education Plan (I.E.P.)".
	"504 Plan:" enter an "X" in the "Yes" or "No" Box depending on whether the client has a current "504 Plan" at his/her school.
	"Type of Education Plan" - use the most appropriate 2-letter "Type of Education Plan" Code(s) under Category Codes.
	"Existing Services" - use the most appropriate 2-3 letter "Existing Services" Code(s) under Category Codes.
	"Client Service Hours" is the number of service units implemented for each of the 13 categories of services.
CAREGIVER INFORMATION	
	"Caregiver Last Name" and "Caregiver First Name" are self-explanatory.
	"Gender" "X" for Caregiver Male or Female.
	"Ethnicity" - use the most appropriate 2-letter "Ethnicity" Code under Category Codes.
	"Relationship" - use the most appropriate 2-letter "Relationship" Code under Category Codes
	"Caregiver Service Hours" is the number of service units implemented for each of the 13 categories of services.
FINAL INSTRUCTIONS FOR PART I	
	Please fill in the "LAN #:" at the top of the page.
	You may make "Comments:" in the section provided at the end of Part I.

LAN FORMS INSTRUCTION SHEET (Parts I - V)

PART II - LAN FLEX PLAN APPROVAL REPORT	
LAN REFERRAL REGISTRATION	
LAN FLEX FUND BUDGET	
	<p>"Other Funding Source(s) Budget" refers to plan funding sources other than DCFS Flex Funds used to assist this client and/or family. This source of funding may be community service agencies, other state or federal assistance, etc.</p>
	<p>"Funding Source" - record the agency name and/or funding type in this column. (examples: DCFS Homemaker; LCFS Counselor, etc. or, LIHEAP, Link Card, etc.</p>
	<p>"Service(s)/Intervention(s)" - record the type of service/intervention that the client and/or family is receiving through that particular "Funding Source".</p>
	<p>"Unit Rate" - Amount charged (usually per hour of that particular service unless the units are by daily, weekly, or monthly, etc.).</p>
	<p>"Frequency" - The number of times that the "Unit Rate" of that service will be applied to the client and/or family plan. Example: twice a week times the duration of a 16 week plan would be "32."</p>
	<p>"Subtotal" - multiply the "Unit Rate" times the "Frequency" to get the subtotal.</p>
	<p>"O.F. Total" (Other Funding Total) - the actual cost of that service/intervention to the family. In other words, the actual cost to the client and/or family might be "\$0" or it may be the same as the subtotal or somewhere in-between.</p>
<p>"DCFS Flex Plan Budget" is relative to DCFS Flex funds to be used to assist this client in relation to funding issues regarding support for the identified needs involving Domain #1 of the Wraparound form found in Part IV - page 1 - the Educational/Vocational Domain per the "Flexible Funding for Wraparound Plans" Program Plan.</p>	
	<p>"Description of Education Issue" - record a brief description of the issue/need being addressed in Domain #1 in Part IV - Page 1 of the Wrap Plan that requires a "service/intervention."</p>
	<p>"Service(s)/Intervention (s)" - record the type of service/intervention that the client and/or family is to receive through the use of DCFS Flex Funds, making sure that no service/intervention duplication will occur with any existing available service/intervention.</p>
	<p>"Unit Rate" - Amount charged (usually per service hour of that particular service unless the units are by daily, weekly, or monthly, etc.).</p>
	<p>"Frequency" - The number of times that the "Unit Rate" of that service will be applied to the client and/or family plan. Example: twice a week times the duration of a 16 week plan would be "32."</p>
	<p>"Subtotal" - multiply the "Unit Rate" times the "Frequency" to get the subtotal.</p>
	<p>"F.P. Total" (Flex Plan Total) - the actual amount of Flex funds to be used for that service/intervention to the family. In-other-words, the actual cost to the client and/or family.</p>
	<p>"Domain #s" - Under the "O.F." Column, enter the Domain # from Part IV of the Wraparound plan that addressed the need for that particular service/intervention. Note: Two domains can be listed per service/intervention. Under the F.P. Column, only Domain #1 can be used.</p>
	<p>"Other Funding Source(s) Total" - the actual sum amount using the "Subtotal" or "O.F. Total" in determining the cost of the plan from the perspective of sources other than the DCFS Flex Funds.</p>
	<p>"DCFS Flex Plan Totals" - the sum for all the costs of the services/interventions using DCFS Flex Funds.</p>
	<p>"Flex Plan Start Date:" and "Flex Plan End Date:" are the dates that funding for services/interventions are scheduled to start and end.</p>
PARENT/CAREGIVER APPROVAL OF THE FLEX PLAN:	
	<p>"Parent/Legal Guardian:" - Parent or Legal Guardian of the client should sign here. "Date:" of signature here.</p>
	<p>"Comments:" - Where the Parent/Legal Guardian can make a brief comment about the plan.</p>
STATEMENT OF UNDERSTANDING BY SERVICE PROVIDER	
	<p>Each provider of service/intervention is to sign this "Statement of Understanding" which means that additional copies of Part II may be necessary.</p>

LAN FORMS INSTRUCTION SHEET (Parts I - V)

FLEX PLAN APPROVAL / SIGNOFF BY LAN	
	The LAN is to designate three members of the Screening Committee/Subcommittee of the LAN to check the Yes or No column and sign and date this section. Comments section also available.
PART III - LAN FLEX PLAN SIGNATURE PAGE	
CHILD AND FAMILY TEAM MEMBERS SIGNATURE SHEET	
	"Core Team Members" need to print their names in the first lined column next to the appropriate role/relationship in column one, then put their signatures and date in the second and third lined columns.
	"Other Team Members From The Community" should print their "Relationship" in column one; print their name in column two; sign their name in column three; and put the date they signed their name in column four.
CONSENT FOR RELEASE OF INFORMATION	
	To be completed by the Parent/Guardian of the client. The minor client may sign and date this section if over 12 years of age.
	For DCFS wards - the DCFS Authorized Agent to sign and date.
	"Comments:" Area for the Parent/Guardian or DCFS Authorized Agent to comment in regards to the consent and the stipulations.
PART IV - LAN FLEX WRAPAROUND PLAN	
MISSION STATEMENT	
	Through a discussion with the Child and Family Team members, the Wraparound Facilitator works to build a consensus among team members about where they want the team efforts to be pinpointed relative to achieving the objectives and outcomes that the team identifies and agrees upon. A defining mission statement is set by the Child and Family Team and articulated the goals and hopes for the child and family. The team develops a blended perspective and shared understanding of the child and family's view of a better life. This section is used to summarize the mission statement that has been developed by the Child and Family Team.
PROGRESS STATEMENT	
	In cases where there have been previous Wrap Plan(s), this section should be completed. Once a Wraparound Plan has been implemented, the Child and Family Team should be assessing the Wraparound plan in its responsiveness and ensuring that outcomes are being produced. Wraparound Plans should be modified based upon the child and family's developing strengths and evolving needs. Describe the progress which has been made thus far on achieving goals, objectives and outcomes identified in the life domains and the progress made in stabilizing/maintaining the child in the community. Describe how the previous Wrap Plan(s) helped to build more effective support for the child and family.
EDUCATIONAL DOMAIN	
	This domain (#1) should always be addressed in each Flex Wrap Plan. See "All Other Domains" below for general completion instructions. This domain is used to describe the child's educational status, specialized educational supports, and if age appropriate, career interests and plans. This section would also be used to record findings from an Individualized Education Plan (IEP). Areas of review for this life domain might include the child's educational/vocational strengths and interests, tutoring needs and educational plans. Services already provided for or funded through the IEP should be identified as no-cost items on the Wraparound Plan. For DCFS cases, it is the responsibility of the caseworker to ensure compatibility between the IEP and the Wraparound Plan.
ALL OTHER DOMAINS	
	Life Domains section is used to record the child and family's strengths and needs across nine common life concerns. At the top of each life domain section is the name of the domain (1-Educational/Vocational; 2-Physical Needs/Living Situation; 3-Family/Attachment; 4-Safety; 5-Socialization; 6-Cultural/Spiritual; 7-Emotional/Psychological; 8-Health; and 9-Legal) and a brief list of key issues relating to that life area. The key issues are simply suggestions of the type of information that belong to the domain and are neither mandatory nor all inclusive. In each domain, the focus is the home where the child is currently living if stabilization is the goal OR the home in which the child will reside if moving to a less restrictive setting.

LAN FORMS INSTRUCTION SHEET (Parts I - V)

PART V - LAN FLEX PLAN REPORT	
FLEX FUND CLOSURE INFORMATION	
UTILIZATION	
	"X" either "Flex Used With FCS Program or Flex Used Without FCS Program.
	"X" either "Flex Used for DCFS Client" or "Flex Used for Non-DCFS Client."
	" Comments: " section to make note of Utilization remarks.
REASON FOR DISCHARGE	
	"X" in the most appropriate box to describe the reason for discharge.
	" Comments: " section to make note of Reason for Discharge remarks.
OUTCOMES	
	"X" any boxes that apply to Outcomes as a result of FCS and/or Flex Fund intervention/services.
	" Comments: " section to make remarks about noted Outcome areas.
OVERALL SATISFACTION RATING	
	"X" the most appropriate box describing the level of satisfaction experienced by the client and family and members of the Child and Family Team involved with the plan.
	" Comments: " section to make remarks about the noted level of Satisfaction box. This is an area where the client, etc. can make comments to back up their Satisfaction rating.

PART I - FCS / FLEX WORKSHEET

LAN # _____

REGISTRATION INFORMATION

CLIENT INFORMATION

Last Name	First Name	Gender		DOB	Grade	*Ethnicity	*Language
		M	F				
Referral Source Name:				Phone#(s):			
*Referral Source:				*DCFS Status:			
Home Environment:				Note: Any Section Label with an '' See codes on Part I - Page #2			
Open Date:		Close Date:					
Eligible:	Yes	No	*Eligibility:				
School Name:				School District#:			

CURRENT SCHOOL ISSUES

	Truancy	Suspension	Expulsion	School Moves	Absences				
Baseline									
Current									
YTD									
*Causes of Tru/Susp/Exp:									
Current School Program:	I.E.P.:	Yes	No	504 Plan:	Yes	No			
*Type of Education Plan:									
*Existing Services:									
SERVICE HOURS - CLIENT	Mentor	Schl Advoc	Trans port	Crisis Interv	Tutor	Social Skill Bldg	Behavior Interventn	Case Management	Support Groups
	Counseling	Assessments		Refer Other Resources		Other		NOTE: Case Management units are 'NA' for Flex Funds	

CAREGIVERS

	Last Name	First Name	Gender		*Ethnicity	*Relationship			
			M	F					
	**Address			**City	**Zip	**Phone #(s)			
SERVICE HOURS - CAREGIVER	Mentor	Schl Advoc	Parent Skills	Trans port	Crisis Interv	Social Skill Bldg	Behavior Interv	Case Managemnt	Support Groups
	Counseling	Assessments		Refer Other Resources		Other		NOTE: ** = Not Required entries on the FCS/Flex Data Base	

PART I - FCS / FLEX WORKSHEET

LAN # _____

CATEGORY CODES			
* Ethnicity	* Language	*Referral Source	*DCFS Status
BL = Black WH = White MR = Multi-Racial HS = Hispanic Origin AS = Asian/Oriental NA = Native American PI = Pacific Islander OT = Other UK = Unknown	EN = English BL = BiLingual PR = Primary Language Other than English	SCH = School DCF = DCFS POS = Private Agency CMR = Community Referral	NC = Child has no Current DCFS Involvement HR = Child is in a Home of Relative FC = Foster Care SG = Subsidized Guardianship AP = Adopted IF = Intact Family IL = Independent Living or Transitional Living
*Home Environment	*Eligibility	*Causes of Tru/Susp/Exp	*Type of Education
SP = Single Parent GP = Grandparent TP = 2 Parent AF = Adoptive Family SG = Subsidized Guardian ST = Step Parent FP = Foster Parent(s) HR = Home Of Relative OT = Other	TR = Student Hx of Truancy SP = Student Hx of Suspension(s) EX = Student Hx of Expulsion(s) SM = Student Hx of School Moves (Behavior Related) WL = Eligible but on a Waiting List AR = At-Risk PA = Poor Attendance	MH = Mental Heath Issues SA = Substance Abuse Issues DV = Domestic Violence Issues PA = Poor School Attendance TI = Tardiness Issues HE = Home Environment Issues CA = Child Abuse Issues CN = Child Neglect Issues OT = Other	BD = Behavior Disorder LD = Learning Disability SL = Speech/Language Disability DD = Developmental Disability OT = Other
*Existing Services		*Relationship	
NO = None TANF = Temporary Aid to Needy Families (HFS) SASS = Screening Assessment & Support Services (Mental Health) SOC = System of Care (DCFS) PBIS = Positive Behavioral Intervention System DDS = Developmental Disabled Services LCS = Local Community Services SSD = Social Security Disability Services OTH = Other Services		NP = Parent SP = Step Parent AP = Adoptive Parent FP = Foster Parent GP = Grandparent PM = Paramour AU = Aunt/Uncle SI = Sibling PS = Non-Related Parent Substitute OT = Other	
COMMENTS:			

PART II - LAN WRAPAROUND PLAN APPROVAL REPORT

LAN # _____

LAN REFERRAL REGISTRATION

LAN WRAPAROUND BUDGET

OTHER FUNDING SOURCE(S) BUDGET		Unit Rate	Frequency	Subtotal	O.F. Total	DCFS FLEX PLAN BUDGET		Unit Rate	Frequency	Subtotal	F.P. Total	Domain #s	
Funding Source	Service(s)/Intervention(s)					Description of Education Issue	Service(s)/Intervention(s)					O.F.	F.P.
													1
													1
													1
													1
													1
													1
													1
OTHER FUNDING SOURCE(S) TOTAL				\$.	DCFS FLEX PLAN TOTAL				\$.				

Flex Plan Start Date: _____ Flex Plan End Date: _____

PARENT/CAREGIVER APPROVAL OF THE WRAPAROUND PLAN

Parent/Legal Guardian: _____ Date: _____

COMMENTS:

FOR DCFS/LAN USE ONLY:

STATEMENT OF UNDERSTANDING BY SERVICE PROVIDER

Statement of Understanding: I, _____, _____
Print Full Name Agency Name

certify that I will not submit billing for Flex Funding of any services funded / provided by my employer.

Signature: _____ Date: ____/____/____.

NOTE: Part I - Page #2 May need to be duplicated if there is more than one service provider per plan.

FLEX PLAN APPROVAL / SIGNOFF BY LAN

Plan Approved:	Yes	No	(3) Signatures of Screening Committee/Subcommittee of LAN _____	
			By: _____	Date: _____
			LAN Committee Member #1	Date: _____
			LAN Committee Member #2	Date: _____
			LAN Committee Member #3	Date: _____

COMMENTS (Re: Registration/Budget/Approval, etc.):

PART III - LAN WRAPAROUND PLAN SIGNATURE PAGE

LAN # _____

CHILD AND FAMILY TEAM MEMBER SIGNATURE SHEET

CORE TEAM MEMBERS

	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Family Member:	_____	_____	_____
Child: <small>(No signature required if under 12 yo)</small>	_____	_____	_____
Caregiver/Current/Prospective:	_____	_____	_____
Child & Family Team Facilitator:	_____	_____	_____
DCFS/POS Caseworker: <small>(DCFS cases only)</small>	_____	_____	_____

OTHER TEAM MEMBERS FROM THE COMMUNITY (i.e., Extended Family Members, Neighbors, Ministers, Teachers, Friends, Interested Community Agencies, Service Providers, etc.)

<u>Relationship</u>	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONSENT FOR RELEASE OF INFORMATION

I/We authorize the release of all information contained in this LAN Wraparound Plan to the members of C&A LAN # _____ and the Child and Family Team for consideration of services and evaluation purposes. This consent has been explained to me in a language I can understand. The consent is valid until (date) ____/____/____.

Client, if over 12: _____ Date: _____

Parent/Guardian: _____ Date: _____

FOR DCFS PURPOSES ONLY:

DCFS Authorized Agent: _____ Date: _____

COMMENTS:

PART IV - LAN WRAPAROUND PLAN

LAN # _____

MISSION STATEMENT (Summarize the mission statement developed by the Child & Family Team)

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PROGRESS STATEMENT (Summarize outcomes from previous Flex Plan, if applicable)

--

EDUCATIONAL DOMAIN

1. EDUCATIONAL/VOCATIONAL (Describe current or desired educational status and, if applicable, work experience.) **Key Issues:** Grade Level, Specialized Educational Support, Work Experience, Goals/Interests.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

--

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

--

d. Identify the Services, 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:

--

PART IV - LAN WRAPAROUND PLAN

LAN # _____

LIFE DOMAINS - Optional for DCFS Purposes

2. PHYSICAL NEEDS/LIVING SITUATION (Describe the living arrangement of the child and the basic and financial needs of the child/family.)

Key Issues: Space, Privacy, Safety, Comfort, Local Resources, Food, Clothing, Furnishings, and Transportation.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials:** _____ and **Date:** _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

3. FAMILY/ATTACHMENT (Describe the child's current, or planned, family arrangement.) **Key Issues:** Family Constellation, Extended Family, Family Relationships, Support for Caretaker, Relationship with Siblings, Permanency.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials:** _____ and **Date:** _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

PART IV - LAN WRAPAROUND PLAN

LAN # _____

LIFE DOMAINS (cont.) - Optional for DCFS Purposes

4. SAFETY - (Describe the child's/family'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. Identify the **STRENGTHS** of the domain centered around home, community, and school:

--

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

--

d. Identify the Services, 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:

--

5. SOCIALIZATION (Describe the child's/family's current or planned social and recreational patterns.) **Key Issues:** Physical Fitness, Hobbies/Interests, Support Systems, Friends, Family Bonds.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

--

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

--

d. Identify the Services, 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:

--

PART IV - LAN WRAPAROUND PLAN

LAN # _____

LIFE DOMAINS (cont.) - Optional for DCFS Purposes

6. CULTURAL AND SPIRITUAL - (Describe any ethnic, national, spiritual traditions and interests important to the child/family.) **Key Issues:** Traditions, Mores, Faith, Beliefs, Language, Support, Comfort.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

7. EMOTIONAL/PSYCHOLOGICAL - (Discuss the significant mental health issues involving the child and family, including psychological, psychiatric, and/or substance abuse matters.) **Key Issues:** Family History, Current Behavioral Status, Current Psychological, Status, Alcohol/Drug Abuse History and Psychotropic Medications.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

PART IV - LAN WRAPAROUND PLAN

LAN # _____

LIFE DOMAINS (cont.) - Optional for DCFS Purposes

8. HEALTH - (Discuss the physical and dental history and health status of the child.) **Key Issues:** Medication(s), Special Need(s), Access to Medical/Dental Care, Immunizations, Well-Baby Care.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

9. LEGAL - (Discuss history of involvement with law enforcement and/or the courts.) **Key Issues:** Current Legal Status, DCFS Status, DOC, Adjudication, Probation, Parole.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family have **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, 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:

PART V - LAN FLEX PLAN REPORT

LAN # _____

FLEX FUND CLOSURE INFORMATION

UTILIZATION (Check Most Appropriate Box)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Flex Used W/ FCS program | <input type="checkbox"/> Flex Used W/O FCS Program | <input type="checkbox"/> Flex Used for DCFS client | <input type="checkbox"/> Flex Used for Non-DCFS Client |
|---|--|--|--|

COMMENTS REGARDING UTILIZATION OF FLEX FUNDS:

REASON FOR DISCHARGE (Check Most Appropriate Box)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Client Behaviors Stabilized | <input type="checkbox"/> Client Lack of Cooperation | <input type="checkbox"/> Plan Not Completed Other Reasons | <input type="checkbox"/> Plan Completed - Behaviors Didn't Change |
|--|---|---|---|

COMMENTS REGARDING REASON FOR DISCHARGE:

OUTCOMES (Check All That Apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Decreased Truancies | <input type="checkbox"/> Decreased Suspensions | <input type="checkbox"/> Decreased Expulsions | <input type="checkbox"/> Decrease of At-Risk Behavior |
| <input type="checkbox"/> No Effect on Behavior | <input type="checkbox"/> Adverse Effect on Behavior | <input type="checkbox"/> Other Result(s) | <input type="checkbox"/> Supportive Aftercare System In Place |

COMMENTS REGARDING OUTCOMES:

OVERALL SATISFACTION RATING (Rate the overall impact of Flex Funds on this case)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Highest Level of Overall Satisfaction | <input type="checkbox"/> High Level of Satisfaction w/some suggestions (below) | <input type="checkbox"/> Moderate Level of Satisfaction (See comments below) | <input type="checkbox"/> Somewhat Dissatisfied (See comments below) |
| <input type="checkbox"/> Totally Dissatisfied (See comments below) | | | |

COMMENTS/SUGGESTIONS REGARDING OVERALL SATISFACTION: