

STAR Family Connection: Action Plan - Non-Residential

Youth Name \_\_\_\_\_

Open Date \_\_\_\_\_

Family Strengths & Resources		
Goal(s) (include <b>who</b> is responsible)	Measurable Tasks (include <b>who</b> is responsible)	Target Date

Services to be Provided:	Person Providing Services	Time Frame
_____ Intake Session _____		
_____ 5 Counseling Sessions _____		
_____ 6 Youth Lifeskills Groups _____	_____ Day & Time _____	
_____ 6 Parenting Groups _____	_____ Day & Time _____	

My signature below means: (1) I have participated in making this plan; (2) I agree to do my part to accomplish these goals (3) I have received a copy of this plan. **\*\* TO THE PARENTS – YOU WILL RECEIVE A COURTESY CALL IN APPROXIMATELY 3 MONTHS AFTER CLOSURE TO FOLLOW UP ON THE STAR FAMILY CONNECTION SERVICES.**

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Other family signatures (optional) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Counselor/ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* ( ) unable to give a copy to the family immediately, date mailed \_\_\_\_\_ Staff initials \_\_\_\_\_

10/04/2004