

STOPOVER, INC. EMERGENCY CRISIS SHELTER CARE PLAN

YOUTH: _____ DATE OF INTAKE: _____

GOAL: Youth & family will receive immediate crisis intervention services

Youth is in need of emergency shelter services due to:

GOAL: Youth will receive safe, secure emergency shelter for up to 20 days

Anticipated discharge date for youth is _____

GOAL: Youth will be supervised 24/7 by trained staff while in shelter

Awake staff will provide overnight supervision to youth.
Staff will record all observations and changes in the daily youth observation log.

GOAL: Youth & family will maintain contact while youth remains in emergency shelter

~~Youth will have telephone contact with parent as frequently as desired.~~
Family may visit youth during regular visitation hours on Sunday, Tuesday & Thursday from 6pm – 9pm.
Youth will spend a minimum of four hours on a “family” visit each Saturday. Times for family visits will be arranged with parent/guardian each Friday and documented in the daily log.

GOAL: Youth will continue his/her education plan while in shelter

Youth will continue to attend _____.
Staff will contact the school to arrange transportation on _____.
Until transportation is arranged youth will be transported to school via Indygo or parent/guardian.
If youth is not in school due to suspension or expulsion, youth will participate in the Stopover Community Service Program.

GOAL: Youth will attend scheduled appointments and meetings

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Please list date of meeting and transportation plan if indicated.

Staff Signature:

_____ Date: _____