

Ongoing Fidelity Check

Youth Name _____ DOB _____ County _____

Care Coordinator _____

WEEK ONE

face-to-face contacts (natural supports) _____ # face-to-face contacts (informal supports) _____ # face-to-face contacts (formal supports) _____
of phone contacts (natural supports) _____ # of phone contacts (informal supports) _____ # of phone contacts (formal supports) _____
of contact that were a crisis _____ Were providers contacted about crises? Y N Did assigned providers respond to each crisis? Y N
Did assigned providers respond to crises in a timely manner? Y N *[If no, please inform local Community Liaison]*

WEEK TWO

face-to-face contacts (natural supports) _____ # face-to-face contacts (informal supports) _____ # face-to-face contacts (formal supports) _____
of phone contacts (natural supports) _____ # of phone contacts (informal supports) _____ # of phone contacts (formal supports) _____
of contact that were a crisis _____ Were providers contacted about crises? Y N Did assigned providers respond to each crisis? Y N
Did assigned providers respond to crises in a timely manner? Y N *[If no, please inform local Community Liaison]*

WEEK THREE

face-to-face contacts (natural supports) _____ # face-to-face contacts (informal supports) _____ # face-to-face contacts (formal supports) _____
of phone contacts (natural supports) _____ # of phone contacts (informal supports) _____ # of phone contacts (formal supports) _____
of contact that were a crisis _____ Were providers contacted about crises? Y N Did assigned providers respond to each crisis? Y N
Did assigned providers respond to crises in a timely manner? Y N *[If no, please inform local Community Liaison]*

WEEK FOUR

face-to-face contacts (natural supports) _____ # face-to-face contacts (informal supports) _____ # face-to-face contacts (formal supports) _____
of phone contacts (natural supports) _____ # of phone contacts (informal supports) _____ # of phone contacts (formal supports) _____
of contact that were a crisis _____ Were providers contacted about crises? Y N Did assigned providers respond to each crisis? Y N
Did assigned providers respond to crises in a timely manner? Y N *[If no, please inform local Community Liaison]*

WRAP TEAM MEETING (CFT)

of natural supports attending: _____ # of informal supports attending: _____ # of formal supports attending: _____
Date of Meeting _____ How many supports did the youth invite? _____ Did the family choose the meeting location? Y N
Which items were revised from first meetings? Family Vision Statement Strengths List Crisis Plan Safety Plan Nothing Revised
How many challenges were discussed? _____ How many challenges are listed as Needs Statements? _____ Did Wrap Team vote on these? Y N
Date Action Plan completed: _____ How many days from CFT was Action Plan submitted to Wrap Supervisor? _____
Did Wrap Team receive a copy? Y N For any "N" please explain _____