

Youth Run Prevention Plan

YOUTH'S NAME	
PERSONAL ID NO.	DATE OF BIRTH
DATE PLAN CREATED	CASE NUMBER

PRIMARY CAREGIVER'S NAME

Risk Level for Youth to Run

CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> Identified as high risk to run | <input type="checkbox"/> Youth has run multiple times in last three months |
| <input type="checkbox"/> Youth ran for the first time | <input type="checkbox"/> Chronic runner (multiple runs a month) |
| <input type="checkbox"/> Other identified reasons (describe): | |

Action Plan and Strategies

The Youth Run Prevention Plan needs to be realistic, collaboratively developed and achievable by the caregiver and youth.

PREVENTION STRATEGIES

Please list (These are targeted interventions developed based on information gathered from the youth during the run debriefing, and suggested strategies for developing a plan can come from the MFC information toolkit.)

MONITORING NEEDS

Please list (This could be an agreement between the youth and caregiver to have periodic (every TWO hours) check-ins and updates from the youth throughout the day if the youth feels like running again and wants to discuss their feelings with caregiver.)

OTHER PREVENTION OPTIONS

Please list (The youth may have suggestions on what would deter him or her from running.)

Primary Caregiver and Youth Support Needs

- Caregiver has reviewed MFC Online information.
Date completed: _____
- Other identified training:
Date completed: _____

LIST OTHER SUPPORT NEEDS (I.E., COUNSELING AND SUPPORT SERVICES)

Signatures

This plan must be developed, reviewed and agreed upon with the youth, and the youth's caregiver. By signing this form, the caregiver and youth agree with the plan that has been collaboratively developed and to follow the plan to the best of their ability. A signed copy will be given to the youth and the caregiver and the original placed in the youth's case file.

CA WORKER'S SIGNATURE	DATE	PRINTED CA WORKER'S NAME
CAREGIVER'S SIGNATURE	DATE	CAREGIVER'S NAME
YOUTH'S SIGNATURE	DATE	PRINTED YOUTH'S NAME

DISTRIBUTION: Original – Youth Case File; Copies: Caregiver