



Youth Justice Transformation Empowerment Plan

Youth Full Name	Birthdate - Youth	Identification Number (youth Initials +age)	Expiration Date (1 year)
Date Empowerment plan Developed	Current OHP/ Placement facility		Name – Assigned Mentor
Last Review Date	Scheduled Review Period (bi- monthly)		Intake documentation completed (Y/N)

I. Empowerment Plan Participants (Family/Guardian/PO)

Name	Title	Address	Telephone
1.			
2.			
3.			

II. Empowerment Plan Analysis

(Describe strengths of family, family’s understanding of their strengths and needs, youth’s attitudes / beliefs regarding change and readiness for change, quality of relationship between worker / youth / family, barriers to change which will have to be managed, and other pertinent information.)

III. Empowerment Plan Goals

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Completion Date
1.			
2.			
3.			
4.			

Incentives:

How goal achievement / progress will be measured:

Youth Initials

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Completion Date
1.			
2.			
3.			
4.			

Incentives:

How goal achievement / progress will be measured:

Youth Initials

Goal:

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How goal achievement / progress will be measured:

Youth Initials

Goal:

Objectives, interventions, or services to achieve stated goal	Participant	Start Date	Completion Date
1.			
2.			
3.			
4.			
Incentives:			

How goal achievement / progress will be measured:

Youth Initials

IV. Summary

Mentor / Provider Tasks / Responsibilities

Family Responsibilities

Youth Responsibilities

PO Responsibilities

Comments

V. Signatures

SIGNATURE – Family/Parent/Guardian

Date Signed

SIGNATURE – Youth

Date Signed

SIGNATURE – Probation Officer

Date Signed

SIGNATURE – YJT Supervisor

Date Signed