Single Child's Plan of Service (Provider Version)****

Child Protective Services (CPS)

**Purpose:** This template is required by all residential service providers to document a child's plan of service.

**Instructions:** Use the Tab button to advance through the document. Double click a box to insert an X into the appropriate box. Goals can be added to any section by inserting additional rows.

**Directions:** Use this template to document the service plan for the child. All requirements related to service planning can be found in the Residential Child Care Contract.

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| DFPS INFORMATION | | | | | | | | | | | | | | | |
| DFPS Caseworker:    Unit #: | | | | | | | | DFPS Supervisor: | | | | | | | |
| CHILD'S INFORMATION | | | | | | | | | | | | | | | |
| **Child’s Full Name:** | | | **Child’s Date of Birth:** | | | | | | | | | | **Child’s Legal Region:** | | |
| **Child’s Ethnicity:**  **Hispanic  Other** | | **Child’s Race:**  **White**  **Black**  **Unable to Determine** | | | | | | | | | | **Asian**  **American Indian/Alaskan Native**  **Native Hawaiian/Pacific Islander** | | | |
| **Type of Plan:**  **Initial**  **Review**  **Triggered Review**  **Provide Reason if Triggered Review:** | | **Current Level of Care:**  **Basic**  **Moderate**  **Specialized**  **Intense**  **Effective Date:**  **Expiration Date:** | | | | | | | | | |  | | | |
| **Date Plan Completed:** | | **Effective Date of Plan:** | | | | | | | | | |  | | | |
| PLACEMENT INFORMATION | | | | | | | | | | | | | | | |
| **Date of Current Placement:** | | | | | | | | **Type of Placement:**  **Foster Care (Basic and/or Treatment Services)**  **Group Home**  **Shelter**  **RTC**  **Basic GRO** | | | | | | | |
| **Caregiver Name:** | | | | | | | | **Name of Agency:** | | | | | | | |
| **Agency Case Manager/Supervisor:** | | | | | | | | | | | | | | | |
| PERMANENCY | | | | | | | | | | | | | | | |
| **Legal Status of Child:**  **TMC**  **PMC w/ termination**  **PMC w/o termination** | | | | | | | | | | | | | | | |
| **DFPS Primary Permanency Goal:** | | | | | | | | **DFPS Concurrent Permanency Goal:** | | | | | | | |
| **Estimated Length of Stay in Placement:** | | | | | | | | | | | | | | | |
| **Describe the progress/efforts made by provider towards achieving permanency goal:** | | | | | | | | | | | | | | | |
| **Dates of any known scheduled Court Hearings, Permanency Conferences, Family Group Conferences or other Permanency Planning Meetings:** | | | | | | | | | | | | | | | |
| **CHILD'S STRENGTHS, INTERESTS, AND PERSONALITY** | | | | | | | | | | | | | | | |
| **Child's strengths, interests, and personality:** | | | | | | | | | | | | | | | |
| **PLAN FOR VISITATION AND CONTACTS WITH FAMILY MS 749.1309 (b) (1)(B) MS 748.1337 (b)(1)(B) Child Care Services** | | | | | | | | | | | | | | | |
| **Does the child have siblings:**  **Yes**  **No If Yes, are they in substitute care:**  **Yes**  **No**  **If the child has siblings in care that are placed separately, identify Placing Agency/Foster Home or Kinship Family Name:** | | | | | | | | | | | | | | | |
| **Visitation Schedule (including siblings):** | | | | | | | | | | | | | | | |
| **Type of contact approved (*such as: letters, email, skype, phone, cell phone, text, social media, face to face*):** | | | | | | | | **If visitation or contact is not allowed explain why:** | | | | | | | |
| **Efforts to maintain and improve connections with family and other caring adults:** | | | | | | | | | | | | | | | |
| **List all family and supportive adult relationships:** | | | | | | | | | | | | | | | |
| **Summary of visitation of contacts (*Discuss how visits are going, how often they are occurring, and any barriers to visitation)*:** | | | | | | | | | | | | | | | |
| **Identified goals for visits *(Discuss goals which have been identified such as improve or reestablish relationships, improve sibling connections, etc.)*:** | | | | | | | | | | | | | | | |
| **Identified needs and plans to address *(Discuss any issues related to ensuring visitation occurs and what is being done to overcome as well as any other issues that need to be addressed regarding visitation):*** | | | | | | | | | | | | | | | |
| **CHILD'S BASIC NEEDS MS 749.1309 (b)(1)(A)** | | | | | | | | | | | | | | | |
| **Caregiver will provide all children with nutritionally balanced diets, adequate seasonal wardrobes and use of caregiver's home. Caregiver will provide a safe, stimulating, and nurturing home environment, adequate supervision, and appropriate living space. Needs to address include: Nutrition or Dietary Restrictions, Clothing, Grooming, and Allowance.** | | | | | | | | | | | | | | | |
| **Discuss identified needs and plan to address:** | | | | | | | | | | | | | | | |
| **INTELLECTUAL AND DEVELOPMENTAL MS 749.1309 (b)(1)(A)(iii and iv) MS 748.1337(b)(1)(A)(iii,iv)** | | | | | | | | | | | | | | | |
| **Intellectual functioning *(include any testing and plans for recommended follow up. For children under 3 include any ECI assessments*):** | | | | | | | | | | | | | | | |
| **Developmental strengths and needs (*address any developmental delays and plans to improve or remediate developmental functioning*):** | | | | | | | | | | | | | | | |
| **Strategies to address:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **EDUCATION MS 749.1309 (b)(1)(A)(v) MS 748.1337 (b)(1)(A)(v)**  **Address educational needs and how those needs will be met, including planning for high school completion and post-secondary education and training if appropriate, and any school evaluations or recommendations.** | | | | | | | | | | | | | | | |
| **District:** | | | | | | | | **Name of school:** | | | | | | **Name of Education Decision Maker:** | |
| **Grade:**    **On grade level:**  **Yes**  **No** | | | | | | | | **Need for tutoring services:**  **Yes**  **No**  **If Yes, describe plans to address:** | | | | | | | |
| **Is the child receiving special education services?**  **Yes**  **No**  **Describe any IEP goals and/or 504 plans:** | | | | | | | | | | | | | | | |
| **Special Education Services for children 16 years and older (*address any education activities provided to the child to address the education Individual Transition Plan*):** | | | | | | | | | | | | | | | |
| **Educational summary:** | | | | | | | | | | | | | | | |
| **Interventions to support academic growth:** | | | | | | | | | | | | | | | |
| **List any extracurricular activities the child is engaged in at school:** | | | | | | | | | | | | | | | |
| **Educational strengths and needs:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **EMOTIONAL/THERAPY/PSYCHOLOGICAL MS 749.1309 (b)(1)(A) (vii)(C and D) MS 748.1337 (b)(1)(A)(vii)(C,D)**  **Address Therapeutic needs, including plans for psychological testing and follow up treatment; recent data from the current caregivers' evaluation of the child's behavior and level of functioning; specific goals and strategies to meet the child's needs, including instructions to the caregivers responsible for the care of the child. Instructions must include specific information about the child's trauma history and triggers, and any actions the caregivers must take.** | | | | | | | | | | | | | | | |
| **Is this child or youth a victim of or at risk of becoming a victim of human trafficking:**  **Yes**  **No**  **If yes, address the specific services and supports needed to assist this child or youth:** | | | | | | | | | | | | | | | |
| **Describe the child's trauma history and any known triggers:** | | | | | | | | | | | | | | | |
| **Date of CANS assessment if applicable:** | | | | | | | | **Clinical Professional:** | | | | | | | |
| **Recommendations from CANS:** | | | | | | | | | | | | | | | |
| **Emotional strengths and needs:** | | | | | | | | | | | | | | | |
| **Therapist Name:** | | | | | | | | **Therapist Impressions/Diagnosis:** | | | | | | | |
| **Therapy/Counseling strengths and needs:** | | | | | | | | | | | | | | | |
| **Date of Psychological:** | | | | | | | | **Clinical Professional:** | | | | | | | |
| **Current Diagnosis (if available):** | | | | | | | | | | | | | | | |
| **Psychological strengths and recommendations:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) **N/A** | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **BEHAVIOR MANAGEMENT MS 749.1309 (b) (1) (A) 749.1337 (D)(v,vi) MS 748.1337 (b)(1)(D)(v,vi)**  **Address specific goals and strategies to meet the child's needs, including instructions to caregivers responsible for the care of the child. Instructions must include specific information about discipline techniques and behavioral management techniques.** | | | | | | | | | | | | | | | |
| **Describe behavior management approach or systems used to manage the child's behavior:** | | | | | | | | | | | | | | | |
| **Describe the discipline techniques used:** | | | | | | | | | | | | | | | |
| **Describe behavioral management techniques used:** | | | | | | | | | | | | | | | |
| **Behavioral strengths and needs:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| **Goal#1** | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **JUVENILE JUSTICE INVOLVEMENT** | | | | | | | | | | | | | | | |
| **Describe any history or current juvenile justice involvement:** | | | | | | | | | | | | | | | |
| **HEALTH CARE SUMMARY MS 749.1309 (b)(1) (A i,ii)(D viii) MS 748.1337 (b)(1)(Ai,Aii) (D)(viii)**  **Discuss identified needs of the child related to medical needs, including scheduled medical and dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs, such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. Address plans for psychiatric testing and follow up treatment and use of psychotropic medications.** | | | | | | | | | | | | | | | |
| **Name of medical consenter:** | | | | | | | | **If the youth is own medical consenter date training completed:** | | | | | | | |
| **Date of last annual medical:** | | **Next due date:** | | | | | **Clinical Professional:** | | | | | | | **Address and Phone number:** | |
| **Describe any medical conditions (*allergies, asthma, special physical conditions, dietary restrictions, chronic medical conditions*):** | | | | | | | | | | | | | | | |
| **Medical strengths:** | | | | | | | | | | | | | | | |
| **Medical Needs and Plans to address (*include any instructions the caregiver must be made aware of to meet the child's needs*):** | | | | | | | | | | | | | | | |
| **For Primary Medical Needs Children address the following:**  **Diagnosis:**    **List Medical Specialist and Contact Information:**    **Primary Treating Hospital and Contact information:**    **Nursing Hours:**    **Home Health Agency and Contact Information:**    **List DME supplies:**    **Does the Child need to be transported by Ambulance:**  **Yes**  **No**  **Is there a DNR:**  **Yes**  **No** | | | | | | | | | | | | | | | |
| **List all Current Non-Psychotropic Medications Below (*psychotropic medications are listed in the next section. Additional rows can be added*):** | **Prescribing Physician and Contact information:** | | | | | **Dosage and Frequency:** | | | **Reason:** | | | | | | **Describe any side effects experienced by the child:** |
|  |  | | | | |  | | |  | | | | | |  |
|  |  | | | | |  | | |  | | | | | |  |
|  |  | | | | |  | | |  | | | | | |  |
| **List any Prescribed Psychotropic Medications Below (additional rows can be added):** | **Prescribing Physician and Contact information:** | | | | | **Dosage and Frequency:** | | | **Reason:** | | | | | | **Describe any side effects experienced by the child:** |
|  |  | | | | |  | | |  | | | | | |  |
|  |  | | | | |  | | |  | | | | | |  |
|  |  | | | | |  | | |  | | | | | |  |
| **Date of last Medication review:** | | | | **Name of Reviewing Physician:** | | | | | | **Address and Phone number:** | | | | | |
| **Document any change and reason for change in psychotropic medications since the last service plan:** | | | | | | | | | | | | | | | |
| **Date of Last Psychiatric Hospitalization:** | | | | | **Name of Hospital:**    **Name of Admitting Physician:** | | | | | | **Address and Phone Number:** | | | | |
| **Summary of results from hospitalization, including any medication changes, and follow up needed:** | | | | | | | | | | | | | | | |
| **Date of last dental:** | | **Next due date:** | | | | | **Clinical Professional:** | | | | | | | **Address and Phone number:** | |
| **Summary of dental strength and needs:** | | | | | | | | | | | | | | | |
| **Date of last vision screening:** | | **Next due date:** | | | | | **Clinical Professional:** | | | | | | | **Address and Phone number:** | |
| **Summary of vision strengths and needs:** | | | | | | | | | | | | | | | |
| **Date of last hearing screening:** | | **Next due date:** | | | | | **Clinical Professional:** | | | | | | | **Address and Phone number:** | |
| **Summary of hearing strengths and needs:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **SUPERVISION MS 749.1309 (b)(1) (D ii) MS 748.1337 (b)(1)(D ii)**  **Address specific information about the level of supervision required.** | | | | | | | | | | | | | | | |
| **Children will participate in normal childhood activities, including unsupervised activities, when approved by their caregiver. Caregivers (and designated persons from GRO's) are empowered to make decisions regarding the child's participation in childhood activities using the prudent parenting standards unless DFPS provides notice in advance that the child is prohibited from participating in a specific activity. A reasonable and prudent parent must take into consideration the following when deciding whether a child may participate in normal childhood activities:**  **(1) The child's age and level of maturity;**  **(2) The child's cognitive, social, emotional, and physical development level;**  **(3) The child's behavioral history and ability to participate in a proposed activity;**  **(4) The child's overall abilities;**  **(5) Whether the activity is a normal childhood activity;**  **(6) The child's desires;**  **(7) The surrounding circumstances, hazards, and risks of the activity;**  **(8) Outside supervision of the activity, if available and appropriate;**  **(9) The supervision instructions in the child's service plan; and**  **(10) The importance of providing the child with the most normal family-like living experience possible.** | | | | | | | | | | | | | | | |
| **Is supervision required inside the home:**  **Yes**  **No**  **If yes, describe the plan for supervision:** | | | | | | | | | | | | | | | |
| **Is supervision required outside of the home:**  **Yes**  **No**  **If yes, describe the plan for supervision:** | | | | | | | | | | | | | | | |
| **Other supervision issues to be addressed:** | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| **SOCIAL AND RECREATIONAL MS 749.1309 (b) (1) (A vi) (I) (II) (viii) MS 748.1337 (b)(1)**  **(A vi)(I)(II)(vii)**  **Address plans for normalcy, including social, extracurricular, recreation, and leisure activities. Discuss plans for integrating the child into the community and community activities, as appropriate, as well as any cultural identity needs, including assisting children in connecting with their culture in the community.** | | | | | | | | | | | | | | | |
| Caregivers will model appropriate social skills and expose the child to various social situations and outings that will allow the child to use learned social skills. The child will be encouraged to improve social skills, specifically in areas of deficit. The child will be included in normal interactions and experiences, especially family activities and traditions, within their home daily. **Caregivers will ensure each child remains connected to their own culture, develops a sense of community, and has their religious needs met. This can be accomplished through child/birth family visitation; books, educational movies, and other materials; cultural events within the community; and, by incorporating practices or customs of the child's family, culture, tribe, or faith based community into the home.** | | | | | | | | | | | | | | | |
| Community/Cultural/Social strengths and needs: | | | | | | | | | | | | | | | |
| Plans to ensure normalcy: | | | | | | | | | | | | | | | |
| Plans to ensure connections to culture: | | | | | | | | | | | | | | | |
| Summary of recreational activities (*Discuss what activities the child participates in. Include both formal and informal types of exercise, game playing either independently or in groups, family outings, team sports, etc.*): | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| Address therapeutic value of recreational activities for children with a level of care of specialized or intense: | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| TRANSITIONING TO SUCCESSFUL ADULTHOOD (FOR YOUTH AGE 13 AND OLDER) MS 749.1309 (b) (1) (E) MS 748.1337 (b)(1)(E) | | | | | | | | | | | | | | | |
| For youth age 13 and older, caregivers will teach healthy interpersonal relationships, healthy boundaries, pro social communication, sexual health, and human reproduction. Caregivers will encourage the youth to grow in their ability to complete household chores, life skills, and other responsibilities that will eventually prepare them to transition successfully to adulthood. Caregivers will reinforce the importance of learning skills independent of reminders and verbal prompting, and the youth to complete self-care and hygiene tasks on their own according to their age and level of development. **Plans to address:** | | | | | | | | | | | | | | | |
| Communication strengths and challenges: | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| Relationship strengths and challenges: | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| TRANSITIONING TO SUCCESSFUL ADULTHOOD (FOR YOUTH AGE 14 AND OLDER) MS 749.1309 (b) (1) (F & G) MS 748.1337 (b)(1)(F) | | | | | | | | | | | | | | | |
| Life Skills strengths and challenges (beginning at age 14). Plans must be tailored to the youth's specific skills and abilities and include training in practical activities that include but are not limited to grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, and balancing a check book: | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| Mental Health and Medication Management strengths and challenges (beginning at age 14): | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| Describe the youth's plans or interest in college and/or vocational school: | | | | | | | | | | | | | | | |
| Educational needs to support plans for college and/or vocational school: | | | | | | | | | | | | | | | |
| Vocational needs (include transportation needs): | | | | | | | | | | | | | | | |
| Career Guidance, employment, and/or Job readiness strengths and challenges (beginning at age 16): | | | | | | | | | | | | | | | |
| Needs and plans to address: | | | | | | | | | | | | | | | |
| Housing needs (beginning at age 16). Address the youth's plans for housing if they were to exit foster care at age 18. Provide instruction and guidance on how to complete a housing application and managing expectations when in a roommate situation: | | | | | | | | | | | | | | | |
| If the youth does not plan on remaining in foster care, what is the youth's plan and what needs to occur to support the youth: | | | | | | | | | | | | | | | |
| Extended Foster Care Options (beginning at age 17). Describe any discussion or plans the youth has once he turns 18 if he is still in foster care): | | | | | | | | | | | | | | | |
| PAL Program Status (age 16 and over): | | | | | | | | | | | | | | | |
| Participation in any state or regional PAL youth activities: | | | | | | | | | | | | | | | |
| Discuss any other needs to support the youth's transition to successful adulthood: | | | | | | | | | | | | | | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | | | | | | | | | | | | | | |
| Goal#1: | | | | | | | | Target Date: | | | | | | | |
| Criteria for Achievement: | | | | | | | | | | | | | | | |
| Planned Interventions: | | | | | | | | | | | | | | | |
| Frequency: | | | | | | | | Responsible Party: | | | | | | | |
| Progress Summary: | | | | | | | | | | | | | | | |
| SERVICES TO ADDRESS HIGH RISK BEHAVIOR MS749.1309 (b)(1)((H) MS 748.1337 (b)(1)(H)Address plans to minimize risk of harm to the child or others, such as special instructions for caregivers; sleeping arrangements; and a specific safety contract developed between the child and staff that addresses how the child's safety needs will be maintained. | | | | | | | | | | | | | | | |

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| No Special Needs or High Risk Behaviors | | |
| Risk for self-harm  If so describe behavior and plans to address: | | |
| Suicidal Behavior  If so describe behavior and plans to address: | | |
| Risk of Sexually Acting Out  If so describe behavior and plans to address: | | |
| Has this child been identified by DFPS as sexually aggressive?  Yes  No  If yes, address plans to ensure safety: | | |
| Risk for harming others  If so describe behavior and plans to address: | | |
| Risk for unsafe behaviors  If so describe behavior and plans to address: | | |
| Risk of waking frequently at night, leaves room, wanders, etc  If so describe behavior and plans to address: | | |
| Risk of Runway  If so describe behavior and plans to address: | | |
| Other  If so describe behavior and plans to address: | | |
| TREATMENT SERVICES (TREATMENT CHILDREN ONLY-SEE MS 749.1309(b) (2) MS 748.1337(b)(2)Address all of the child's waking hours and include a description of the emotional, behavioral, and physical conditions that require treatment services; what conditions the child must achieve and maintain to function in a less restrictive setting; and, any specific interventions to treat the conditions. For children with an Intellectual Disability a minimum of one hour per day of visual, auditory, and tactile stimulation is required. | | |
| Check all that apply: Emotional Disorders  Primary Medical Needs  Intellectual Disability  Autism Spectrum Disorder | | |
| Treatment Criteria (*Describe the conditions that require the treatment services*): | | |
| Treatment Special Services (*list emotional, physical, and social needs and address plans to obtain specific professional expertise, appropriate professional consultation, and treatment*): | | |
| Treatment Interventions: | | |
| Address Transitional Living Services for children with an Intellectual Disability, if not previously addressed in Transitional Living Section: | | |
| Address any additional treatment services provided to children with an Intellectual Disability, if not previously addressed: | | |
| For children with an Intense Level of Care describe the emotional, behavioral, and physical conditions that the child must achieve and maintain to function in a least restrictive setting and reduce their level of care: | | |
| List any Goals Below: (additional rows can be added as needed) N/A | | |
| Goal#1: | Target Date: | |
| Criteria for Achievement: | | |
| Planned Interventions: | | |
| Frequency: | Responsible Party: | |
| Progress Summary: | | |
| Support Services to Caregiver | | |
| Services to Caregiver: | | |
| Respite Care: | | |
| TRAVEL MS 749.1309 (b) (1)(D)(vii) MS 748.1337 (b)(1)(D)(vii)Address any plans for trips and visits away from the foster home and any actions the caregivers must take | | |
| Caregivers may include the foster/adoptive child with their family in making overnight visits to friends, extended family, or for recreation/vacation. When the child is away from the home, caregivers will take precaution for the child's health and safety by having medical releases, medications and prescribed dosing instructions. When caregivers wish to take a child in DFPS conservatorship outside of the state or travel in state for more than 3 calendar days, the caregiver will provide a written itinerary with necessary address and phone numbers and seek written permission from DFPS. Caregivers are not to leave for a trip until permission is secured from DFPS. Each child will be properly placed in a car seat or seatbelt according to current laws and regulations whenever traveling in a vehicle. | | |
| Additional Comments: | | |
| PLANS FOR DISCHARGE MS 749.1309 (b)(1)(J) MS 748.1337 (b)(1)(J) | | |
| Address planned discharges and efforts to transition to a least restrictive setting: | | |
| CHILD AND FAMILY TEAM PARTICIPATION IN PLAN MS749.1309 (b) (1) ((K) (L) MS 748.1337 (b)(1)(K)(L)Identify all that participated in the development of the plan ; | | |
| **Child:**    **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If no participation or if the child refuses to sign please explain:** | **Date of Participation:**    **Date copy provided:**    **Identify who reviewed the plan with the child:** | |
| **Document if the child is not in agreement with the plan:**    **Comments from the Child (If desired, the child can provide any comments they would like to include in the plan):** | | |
| **Child's Mother:**    **Signature :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If no participation please explain:** | **Date of Participation:**    **Date copy provided:** | |
| **Child's Father:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If no participation please explain:** | **Date of Participation:**    **Date copy provided:** | |
| **DFPS Caseworker:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **DFPS Supervisor:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Caregiver:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If no participation please explain:** | **Date of Participation:**    **Date copy provided:** | |
| **Agency Case Manager/Supervisor/CPMS:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **SSCC Representative (if applicable):**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Attorney ad Litem:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **CASA:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Therapist (if applicable):**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Psychiatrist (if applicable):**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **For GRO's, designated person to make normalcy decisions:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Other Professionals Included in Service Planning:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |
| **Others included in service planning by child or family:**    **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Participation:**    **Date copy provided:** | |