# Section I Identifying Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case Name: |  | | Case #: |  | | Event #: |  |
| Infant Name: |  | | Date Completed: | |  | | |
| CPS Specialist: |  | CFSP/ CWCMP Case Manager: | | |  | | |

**Section II Plan of Safe Care Description:**

## PPS 2008 Plan of Safe Care pamphlet has been provided and explained to the family.

**Section III Assessment:**

At the time of the plan of safe care, list the needs of the infant including physical health, substance use disorder treatment needs, general functioning, development, safety and any special care needs. The service(s) identified to address the needs and the referral date(s) may be completed at the time of the plan of safe care, or by the monitoring provider.

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant Need(s)** | **Service(s)** | **Family Accepted Service** | **Referral Date** |
|  |  | **Yes No** |  |
|  |  | **Yes No** |  |
|  |  | **Yes No** |  |
|  |  | **Yes No** |  |
|  |  | **Yes No** |  |
|  |  | **Yes No** |  |

At the time of the plan of safe care, list the physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for an infant with special care needs of the family or caregiver (*Include all affected family members*). The service(s) identified to address the needs and the referral date(s) may be completed at the time of the plan of safe care, or by the monitoring provider.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Member(s) Name** | **Need(s) identified** | **Service** | **Family Accepted Service** | **Referral Date** |
|  |  |  | **Yes No** |  |
|  |  |  | **Yes No** |  |
|  |  |  | **Yes No** |  |
|  |  |  | **Yes No** |  |
|  |  |  | **Yes No** |  |
|  |  |  | **Yes No** |  |

# List the family’s strengths and resources:

## List the Monitoring Provider(s) (Family Preservation Services Community Family Service Provider, other):

**Section IV SIGNATURES** *(All participating individuals are to sign this plan and the family is to retain a copy)*

|  |  |  |
| --- | --- | --- |
| Participant: | Role: | Date: |
|  |  |  |
|  |  |  |
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Distribution: Family, Case File

