

Foster Care Initial Service Plan

Section 1 – Family Information			
Case Head:	Facts Case #:	County:	
Child Name:	DOB:	Facts Client ID:	Court Case #:
Child Name:	DOB:	Facts Client ID:	Court Case #:
Child Name:	DOB:	Facts Client ID:	Court Case #:
Child Name:	DOB:	Facts Client ID:	Court Case #:
Region:	Provider:	DCF Office:	Assigned DCF Staff:
Initial Service Plan Date, Time, Location:			
Describe the reason for referral, including current harm or safety reasons preventing the child(ren) from returning home:			
Section 2 – Assessment Information			
<input type="checkbox"/> See attached PPS 2020 (if completed)			
Family/Individual Strengths and Resources:			
Future Danger and Worries (Describe what may happen to the child(ren) if nothing in the family’s situation changes):			
Section 3 – Safety Goals			
Court Ordered	Steps to Be Taken Immediately	Who Will Participate? <i>(Who will do what?)</i>	Estimated Completion Date?
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 4 – Visitation			
Visitation Plan Until Case Planning Conference (Required Weekly and Subject to Change) Example: Every Tuesday at 4:00 PM at the KVC office			

Foster Care Initial Service Plan

Day of the week:		Time:			
Section 5 – Initial Service Plan Participation					
Participants' Signatures/Dates (For non-family participants, information shared is confidential and shall not be released.)					
Child Signature: If age 14 or older, my signature means that I was given and had explained: Appendix 7D, Do you Know Your Rights as a Kansas Foster Youth; my health rights; and my annual credit check. (For those children in out of home placement.)					
Child's Input/Comments:					
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input					
Parent Signatures: I have participated in the development of this plan. I understand this signed initial service plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.					
Parents' Input/Comments:					
	Printed Name	Signature:	Participation Code:	Date:	
Parent					
Parent					
Parent					
Parent					
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input					
Other Participant Signatures: Indicate Name, Agency, Title, and Participation Codes					
	Printed Name	Signature	Agency	Date	Participation Codes

Distribution: Family, DCF Case Record, CWCMP, Court

