



# Family Preservation Services Initial Service Plan

## Section I - Family Information

Date completed: \_\_\_\_\_

Case Name: \_\_\_\_\_ Facts Case #: \_\_\_\_\_ County: \_\_\_\_\_

Child 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other: \_\_\_\_\_

Local DCF Office: \_\_\_\_\_ Assigned DCF Staff: \_\_\_\_\_

Provider: \_\_\_\_\_ Assigned Provider Staff: \_\_\_\_\_

## Section II - Assessment Information

What do you hope to gain from family preservation services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider are some of your family's strengths and resources?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any safety or risk concerns for your family?  No  Yes If yes, please provide further detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section III - Activities to be completed immediately

*These activities should address the family concerns and strengths described in Section II.*

Court Ordered	Activity	Who will participate?	Estimated Completion	Actual Completion
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**Section IV - Assessment Activities**

*Example:*

Court Ordered	Activity	Who will participate?	Estimated Completion	Actual Completion
<input checked="" type="checkbox"/>	<i>Participate in the required assessments, unless completed within last six months and result are available.</i>	<i>Parents/caregivers and age appropriate children/youth</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>

Court Ordered	Activity	Who will participate?	Estimated Completion	Actual Completion
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

If this plan is not completed, we agree to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section V - Service Plan Participation**

By signing below, participants (1) *agree to participate in the above activities toward the development of a Family Case Plan, (2) understand this signed Initial Service Plan may be released to participants of this plan, and (3) may share information among the participants necessary to successfully complete the case plan.*

	Printed Name	Signature	Date	Participation
Child 1				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Child 2				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Child 3				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Child 4				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Parent				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Parent				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Parent				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Parent				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Family Preservation Staff				<input type="checkbox"/> In person <input type="checkbox"/> By phone
DCF Staff				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Therapist				<input type="checkbox"/> In person <input type="checkbox"/> By phone
Educator				<input type="checkbox"/> In person <input type="checkbox"/> By phone