

## Family Service/Preservation Plan

**Family Preservation**

**Family Services**

<b>Section 1 Family Information</b>						
Case Name:				FACTS Case #:		County:
Child/Youth Name:		Date of Birth:		Parent Name:		
Child/Youth Name:		Date of Birth:		Parent Name:		
Child/Youth Name:		Date of Birth:		Other:		
Child/Youth Name:		Date of Birth:		Other:		
Local DCF Office:			Assigned DCF Staff:			
Provider:			Assigned Provider Staff:			
Case Planning Conference Date:		Case Plan is effective from:			To:	
<b>Section 2 Assessment Information</b>						
Reason for Agency Involvement ( <i>Include family perspective</i> ):						
Summary from Assessment Tools:						
Safety Concerns:						
Risk Concerns:						
Family/Individual Strengths and Resources:						

## Family Service/Preservation Plan

<b>Section 3 Goal</b>
Maintenance Goal: <b>Maintain at home</b>

<b>Section 4 Objectives and Activities</b> <i>(Include at least one and no more than 3 permanency objectives, incorporating family strengths.)</i>						
Objective # _____						
What behavior will change:						
Activity #	Measurable Short-Term Activity To Achieve-Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

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## Family Service/Preservation Plan


What may happen if this plan is not completed:

**Section 5 Family Input**

**Parents' Input/Comments:**

**Input/Comments from the Children or Youth:**

**Section 6 Case Plan Participation**

Participants' Signatures/Dates (For non-family participants, information shared is confidential and not to be released).

	Printed Name	Signature	Participation Code	Date
Child/Youth				
Child/Youth				
Child/Youth				
Child/Youth				
Case Manager				
DCF staff				
Therapist				
Educator				
Other: _____				
Other: _____				
Other: _____				

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 case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.

	Printed Name	Signature	Participation Code	Date

### Family Service/Preservation Plan

Parent/Caregiver				
Parent/Caregiver				
Parent/Caregiver				
Parent/Caregiver				

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

