

FACTS Case
 Name _____

FACTS Case
 Number _____

Facts Case ID
 # _____

(CHECK ALL SERVICES WHICH ARE A PART OF THIS SERVICE PLAN TO BE DELIVERED OVER THE NEXT 170 DAYS)

HEALTH		<input type="checkbox"/>	In-Patient Treatment	MD03N/P
<input type="checkbox"/>	Out-Patient Treatment	MD02 N/P MD02 N/P		
<input type="checkbox"/>	Speech Therapy	MD04N/P		
<input type="checkbox"/>	Occupational Therapy	MD05N/P MD05 N/P		
EDUCATIONAL/VOCATIONAL		<input type="checkbox"/>	Vocational Education	ED05 N/P ED05 N/P
<input type="checkbox"/>	Tutoring	ED01 N/P	<input type="checkbox"/>	Driver's Education
<input type="checkbox"/>	Special Education Program	ED02 N/P	<input type="checkbox"/>	College
<input type="checkbox"/>	Adult Basic Education	ED03 N/P	<input type="checkbox"/>	Education Advocate
<input type="checkbox"/>	GED Preparation/High School Grad	ED04 N/P ED04 N/P	<input type="checkbox"/>	Attendance
MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES		<input type="checkbox"/>	Partial-Day Social or Educational Services*	ME06 N/P ME06 N/P
<input type="checkbox"/>	Psychological Testing*	ME01 N/P	<input type="checkbox"/>	Medicine Management
<input type="checkbox"/>	Individual Therapy	ME02 N/P	<input type="checkbox"/>	Child/Youth Mentorship (under 15)*
<input type="checkbox"/>	Group Therapy	ME03 N/P	<input type="checkbox"/>	Attendant Care
<input type="checkbox"/>	Family Therapy	ME04 N/P	<input type="checkbox"/>	Early Ed (ITS/IDEA)
<input type="checkbox"/>	Counseling*	ME05 N/P	<input type="checkbox"/>	Waivers (HCBS)
HOUSING SERVICES		<input type="checkbox"/>	Residence Adaptation	HO04 N/P HO04 N/P
<input checked="" type="checkbox"/>	Emergency Clothing	HO01 N/P HO01 N/P	<input type="checkbox"/>	Emergency Utilities
<input type="checkbox"/>	Emergency House Repairs	HO02 N/P	<input type="checkbox"/>	Emergency Shelter or Rental Assistance
<input type="checkbox"/>	Household Furniture/Appliances	HO03 NP		HO06 N/P
EMPLOYMENT SERVICES		<input type="checkbox"/>	Employment Preparation Services	EM01 N/P
PROTECTIVE OR FAMILY PRESERVATION SERVICE		<input type="checkbox"/>	Emergency Shelter* (protective)	PR08 N/P
<input type="checkbox"/>	Intake and Assessment	PR01 N/P	<input type="checkbox"/>	Respite Care*
<input type="checkbox"/>	In-Home Family Treatment*	PR02 N/P	<input type="checkbox"/>	Program (family) support Services*
<input type="checkbox"/>	Family Preservation Referral	PR03 N/P	<input type="checkbox"/>	Family Services Referral
<input type="checkbox"/>	Parenting Education*	PR04 N/P PR04 N/P		PR10 N/P
INCOME SERVICES		<input type="checkbox"/>	Budgeting	IN02 N/P IN02 N/P
<input type="checkbox"/>	Child Support	IN01 N/P	<input type="checkbox"/>	Assist with Applications for Assistance
<input type="checkbox"/>	Family Financial/Reunification Asst *	IN03 N/P		IN03 N/P
SUPPORT FOR FAMILY FUNCTIONING SERVICES		<input type="checkbox"/>	Social Service Coordination (DCF)	FU04 N/P
<input type="checkbox"/>	Case Management	FU01 N/P	<input type="checkbox"/>	
<input type="checkbox"/>	Basic Living Skills	FU02 N/P	<input type="checkbox"/>	Mediation Services*
ADOPTION SERVICES		<input type="checkbox"/>	Adoptive Family Assessment (Home Study*)	AO03 N/P AO03 N/P
<input type="checkbox"/>	Adoptive Placement Services	AO01 N/P	<input type="checkbox"/>	Adoptive Family Recruitment
<input type="checkbox"/>	Adoptive Family Preparation Services	AO02 N/P	<input type="checkbox"/>	Adoption Subsidy
CHILD CARE SERVICES*		<input type="checkbox"/>	Child Care Center Services	CH02 N/P
<input type="checkbox"/>	Child Care in Other Home Services	CH01 N/P	<input type="checkbox"/>	Child Care in Own Home Services
INDEPENDENT LIVING SERVICES only for youth ages 14 to 26 receiving IL Services (See PPS 3057A for definitions)		<input type="checkbox"/>	Housing Education	IL08N
<input type="checkbox"/>	Special Education	IL01N	<input type="checkbox"/>	Health Education and Risk Prevention
<input type="checkbox"/>	Needs Assessment	IL02N	<input type="checkbox"/>	Family Support and Marriage Education
<input type="checkbox"/>	Academic Supports	IL03N	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Post Secondary Education Support	IL04N	<input type="checkbox"/>	Supervise Independent Living
<input type="checkbox"/>	Career Preparation	IL05N	<input type="checkbox"/>	Room and Board Financial Assistance

<input type="checkbox"/> Employment or Vocational Programs IL06N	IL06N	<input type="checkbox"/> Education Financial Assistance	IL14N
<input type="checkbox"/> Budget and Financial Management IL07N	IL07N	<input type="checkbox"/> Other Financial Assistance	IL15N
OTHER		<input type="checkbox"/> Drug and Alcohol Services	OT04 N/P
<input type="checkbox"/> Clothing Allowance*	OT01 N/P	<input type="checkbox"/> Interpreter Services	OT03 N/P
<input type="checkbox"/> Non-Medical Transportation*	OT02 N/P	<input type="checkbox"/> Courtesy Supervision	OT06 N/P

* Indicates the service is described in the Handbook of Services, EP Appendix E,-in the PPS Policy and Procedure Manual. A service is a category of good(s) or service(s) which can be identified within the case plan as an item which is used to address a family's need. The service codes are entered into FACTS to track the goods and services provided to families. The suffix 'N' means the good(s) or service(s) is provided at no direct charge to DCF. The suffix 'P' means DCF is paying the source of the service/good directly.

