

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 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):

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Section 3 – Safety Goals

Court Ordered

Yes

No

Steps to Be Taken Immediately

Who Will Participate? (Who will do what?)

Estimated Completion Date?

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

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

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Printed Name Codes	Signature	Agency	Date	Participation
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Distribution: Family, DCF Case Record, CWCMP, Court

