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| **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): | | | | | | | | | |
| **Section 3 –Safety Goals** | | | | | | | | | |
| **Court Ordered** | **Steps to Be Taken Immediately** | | | | | **Who Will Participate?**  ***(Who will do what?)*** | | | **Estimated Completion Date?** |
| Yes  No |  | | | | |  | | |  |
| Yes  No |  | | | | |  | | |  |
| Yes  No |  | | | | |  | | |  |
| Yes  No |  | | | | |  | | |  |
| Yes  No |  | | | | |  | | |  |

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

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