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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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