Department for Children and Families

Family Preservation Services Initial Service Plan

PPS 3048

Jul-20 Page 1 of 2

**Section I - Family Information** Date completed:

Case Name: Facts Case #: County: Child 1 Name: Date of Birth: Parent Name: Child 2 Name: Date of Birth: Parent Name: Child 3 Name: Date of Birth: Other: Child 4 Name: Date of Birth: Other: Local DCF Office: Assigned DCF Staff:

Provider: Assigned Provider Staff:

# Section II - Assessment Information

What do you hope to gain from family preservation services?

What do you consider are some of your family’s strengths and resources?

Are there any safety or risk concerns for your family?

No Yes

If yes, please provide further detail:

# Section III - Activities to be completed immediately

*These activities should address the family concerns and strengths described in Section II.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Court Ordered | Activity | Who will participate? | Estimated Completion | Actual Completion |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Section IV - Assessment Activities

*Example:*

PPS 3048

Jul-20 Page 2 of 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Court Ordered | Activity | Who will participate? | Estimated Completion | Actual Completion |
| *X* | *Participate in the required assessments, unless completed within last six months and result are available.* | *Parents/caregivers and age appropriate children/youth* | *mm/dd/yy* | *mm/dd/yy* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Court Ordered | Activity | Who will participate? | Estimated Completion | Actual Completion |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If this plan is not completed, we agree to:

# Section V - Service Plan Participation

By signing below, participants (1) *agree to participate in the above activities toward the development of a Family Case Plan,* (2) *understand this signed Initial Service Plan may be released to participants of this plan, and* (3) *may share information among the participants necessary to successfully complete the case plan.*

# Printed Name Signature Date Participation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child 1 |  |  |  | In person By phone |
| Child 2 |  |  |  | In person By phone |
| Child 3 |  |  |  | In person By phone |
| Child 4 |  |  |  | In person By phone |
| Parent |  |  |  | In person By phone |
| Parent |  |  |  | In person By phone |
| Parent |  |  |  | In person By phone |
| Parent |  |  |  | In person By phone |
| Family Preservation Staff |  |  |  | In person By phone |
| DCF Staff |  |  |  | In person By phone |
| Therapist |  |  |  | In person By phone |
| Educator |  |  |  | In person By phone |