|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | |  | In-Patient Treatment MD03N/P | | | | |  |
|  | Out-Patient Treatment MD02 N/P | | |  | |
|  | Speech Therapy MD04N/P | | |  |  | | | | |  |
|  | Occupational Therapy MD05N/P | | |  |  | | | | |  |
| **EDUCATIONAL/VOCATIONAL** | | | |  | Vocational Education ED05 N/P | | | | |  |
|  | Tutoring ED01 N/P | | |  | Driver's Education ED06 N/P | | | | |  |
|  | Special Education Program ED02 N/P | | |  | College ED07 N/P | | | | |  |
|  | Adult Basic Education ED03 N/P | | |  | Education Advocate ED08 N/P | | | | |  |
|  | GED Preparation/High School Grad ED04 N/P | | |  | Attendance ED09 N/P | | | | |  |
| **MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES** | | | |  | Partial-Day Social or Educational Services\* ME06 N/P | | | | |  |
|  | Psychological Testing\* ME01 N/P | | |  | Medicine Management ME07 N/P | | | | |  |
|  | Individual Therapy ME02 N/P | | |  | Child/Youth Mentorship (under 15)\* FU03 N/P | | | | |  |
|  | Group Therapy ME03 N/P | | |  | Attendant Care FU05 N/P | | | | |  |
|  | Family Therapy ME04 N/P | | |  | Early Ed (ITS/IDEA) FU06 N/P | | | | |  |
|  | Counseling\* ME05 N/P | | |  | Waivers (HCBS) FU08 N/P | | | | |  |
| **HOUSING SERVICES** | | | |  | Residence Adaptation HO04 N/P | | | | |  |
|  | Emergency Clothing HO01 N/P | | |  | Emergency Utilities HO05 N/P | | | | |  |
|  | Emergency House Repairs HO02 N/P | | |  | Emergency Shelter or Rental Assistance HO06 N/P | | | | |  |
|  | Household Furniture/Appliances HO03 NP | | |  |  | | | | |  |
| **EMPLOYMENT SERVICES** | | | |  | Employment Preparation Services EM01 N/P | | | | |  |
| **PROTECTIVE OR FAMILY PRESERVATION SERVICE** | | | |  | Emergency Shelter\* (protective) PR08 N/P | | | | |  |
|  | Intake and Assessment PR01 N/P | | |  | Respite Care\* PR06 N/P | | | | |  |
|  | In-Home Family Treatment\* PR02 N/P | | |  | Program (family) support Services\* PR07 N/P | | | | |  |
|  | Family Preservation Referral PR03 N/P | | |  | Family Services Referral PR10 N/P | | | | |  |
|  | Parenting Education\* PR04 N/P | | |  |  | | | | |  |
| **INCOME SERVICES** | | | |  | Budgeting IN02 N/P | | | | |  |
|  | Child Support IN01 N/P | | |  | Assist with Applications for Assistance IN03 N/P | | | | |  |
|  | Family Financial/Reunification Asst \* IN03 N/P | | |  |  | | | | |  |
| **SUPPORT FOR FAMILY FUNCTIONING SERVICES** | | | |  | Social Service Coordination (DCF) FU04 N/P | | | | |  |
|  | Case Management FU01 N/P | | |  |  | | | | |  |
|  | Basic Living Skills FU02 N/P | | |  | Mediation Services\* FU07 N/P | | | | |  |
| **ADOPTION SERVICES** | | | |  | Adoptive Family Assessment (Home Study\*) AO03 N/P AO03 N/P | | | | |  |
|  | Adoptive Placement Services AO01 N/P | | |  | Adoptive Family Recruitment AO04 N/P | | | | |  |
|  | Adoptive Family Preparation Services AO02 N/P | | |  | Adoption Subsidy AO05 N/P | | | | |  |
| **CHILD CARE SERVICES\*** | | | |  | Child Care Center Services CH02 N/P | | | | |  |
|  | Child Care in Other Home Services CH01 N/P | | |  | Child Care in Own Home Services CH03 N/P | | | | |  |
| **INDEPENDENT LIVING SERVICES (See PPS 3057A for definitions)** | | | |  | Housing Education IL08N | | | | |  |
|  | Special Education IL01N | | |  | Health Education and Risk Prevention IL09N | | | | |  |
|  | Needs Assessment IL02N | | |  | Family Support and Marriage Education IL10N | | | | |  |
|  | Academic Supports IL03N | | |  | Mentoring IL11N | | | | |  |
|  | Post Secondary Education Support IL04N | | |  | Supervise Independent Living IL12N | | | | |  |
|  | Career Preparation IL05N | | |  | Room and Board Financial Assistance IL13N | | | | |  |
|  | Employment or Vocational Programs IL06N | | |  | Education Financial Assistance IL14N | | | | |  |
|  | Budget and Financial Management IL07N | | |  | Other Financial Assistance IL15N | | | | |  |
| **OTHER** | | | |  | Drug and Alcohol Services OT04 N/P | | | | |  |
|  | Clothing Allowance\* OT01 N/P | | |  | Interpreter Services OT03 N/P | | | | |  |
|  | Non-Medical Transportation\* OT02 N/P | | |  | 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.

