

WASHINGTON COUNTY FAMILY & CHILDREN FIRST
COMPREHENSIVE FAMILY SERVICE COORDINATION PLAN

CHILD/YOUTH'S NAME: _____

BIRTHDATE _____ FCF CASE NUMBER _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

Phone Numbers _____ (H) _____ (W) _____ (cell)

CHILD'S ADDRESS (if different from above): _____

Team Leader: Name _____ Title _____

Agency _____

Family & Children First Service Coordinator _____

Initial Referral Date _____ Date initial plan developed _____

90-Day Review Date _____ 90-Day Review Date _____ 90-Day Review Date _____ 90-Day Review Date _____

~Note: Review Outcome Indicator Data at each Review~

HISTORY/COMMENTS: _____

LIFE DOMAIN AREAS

Residence -Own home / OUT OF HOME: -Relative; Residential facility; Group home; Detention; DYS; Foster Home (Family/Therapeutic); Other

What's Happening Now? Current Residence/Services: _____

Goal for next 3 months? _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

Child's Name _____

Educational/Vocational: school name/district-type of school//ed. disability/class type/Credit earned/IEP/MFE/Grade/proficiencies-Other

What's Happening Now? Current Services: _____

Parent/Child Goal for next 3 months? _____

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)*_____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

Mental Health/ Substance Abuse – diagnosis/agency/case manager/ therapist/services & frequency

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

*Supports & Resources available and Strategies & Timeframes (Who, where, what, when)*_____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

NOTES: _____

Psychiatric: psychiatrist / meds / names / dosages / frequency / hospitalizations

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

Medical/Health: physician's name/specialists/meds names, dosages & frequency/hospitalizations/adaptive equipment

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

NOTES: _____

Legal: G.A.L.: delinquency/unruly; probation officer; custody status; court status; abuse/neglect/ custodian's name

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

Social/Recreational: camps; community activity; afterschool programs; YMCA; rec. programs; Boys/Girls Club; Ely Chapman

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

NOTES: _____

Safety/Crisis: written plan; participants; recent events

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

Family Natural Support (as identified by family): relatives; friends; neighbors; organizations/church

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

NOTES: _____

Child's Name _____

Other Community Supports: Names

What's Happening Now? Current Services: _____

Goal for next 3 months: _____

Supports & Resources available and Strategies & Timeframes (Who, where, what, when) _____

FOR REVIEW DATE: Goal Met? Yes No Progress Made Write new goal Continue Goal

TEAM MEMBER SIGNATURES

By signature, we agree to implement this plan and support the goals. We agree to carry out and monitor the plan in a manner that supports the family.

TEAM MEMBER SIGNATURE	AFFILIATION
	Parent / Guardian
	Family & Children First Service Coordinator

By my signature, I agree to allow this Service Coordination Plan to be shared with members of the Service Coordination Plan Team and the Family & Children First Council's Community Options Team and FACET Committee.

Parent/Guardian Signature

Date

***Note: A new signature page shall be added at each review of this plan.**