

**FAMILY SERVICE PLAN**

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

Family Name:

County:

Case Number:

Date Family Accepted for Service:

Date of Initial/Revised Plan:

Date of Next Plan Review:

Initial Family Service Plan  Revised Plan

**INITIAL FAMILY STRENGTHS:**

**STRENGTHS IDENTIFIED DURING REVIEW:**

Date of Initial/Revised Plan:	Case Number:	Family Name:
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**INITIAL REASON FAMILY/ WAS ACCEPTED FOR SERVICE:**

*Describe the family's situation(s) and the causes of the situation(s):*

*Effects on child(ren):*

*Concerns:*

*Initial level of risk on: was:*

<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> No
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**REASON FOR REVISION:**

*Describe the family's situation(s) and the causes of the situation:*

*Effects on child(ren):*

*Concerns:*

*Current level of risk on: is:*

<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> No
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<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>			
<b>IDENTIFYING INFORMATION</b>							
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.							
<b>CHILD:</b>							
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>Gender:</i>	<i>DOB:</i>	
<i>Address 1:</i>		<i>Address 2:</i>			<i>Phone:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		(      )			
<b>MOTHER:</b>							
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>		
<i>Address 1:</i>		<i>Address 2:</i>			<i>Phone:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		(      )			
<b>FATHER(S):</b>							
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>	<i>Phone: (      )</i>	
<i>Address 1:</i>		<i>Address 2:</i>			<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>	<i>Phone: (      )</i>	
<i>Address 1:</i>		<i>Address 2:</i>			<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>	<i>Phone: (      )</i>	
<i>Address 1:</i>		<i>Address 2:</i>			<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date of Initial/Revised Plan:		Case Number:		Family Name:			
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>							
First Name:		Middle Initial:	Last Name:		DOB:	Phone:	Has Legal Custody:
Relationship to Child:					( )	<input type="checkbox"/>	Date of Custody Order:
Address 1:			Address 2:				
City:			State:	Zip:			
First Name:		Middle Initial:	Last Name:		DOB:	Phone:	Has Legal Custody:
Relationship to Child:					( )	<input type="checkbox"/>	Date of Custody Order:
Address 1:			Address 2:				
City:			State:	Zip:			
<b>PERMANENCY GOAL</b>							
<input type="checkbox"/> <i>Child remains in the home.</i> <input type="checkbox"/> The child is not at significant risk of placement. <b>OR</b> <input type="checkbox"/> The child is at significant risk of placement in foster care, however, with effective preventative services can remain safely in the child's home or in an agreed upon informal kinship placement. <b>OR</b> <input type="checkbox"/> The child is at significant risk of placement other than in foster care, however, with effective preventative services can remain safely in the child's home or in an agreed upon informal kinship placement.							
<b>Position</b>		<b>Name</b>			<b>Signature</b>		<b>Date</b>
CCYA Caseworker/Social Worker							
CCYA Supervisor							
The CCYA Caseworker signature above certifies the family has been engaged in the recommendation of the prevention service program (if applicable) and had an opportunity to review and provide feedback to the proposed prevention services.							
<input type="checkbox"/> <i>Child entered substitute care with the goal of:</i>							<i>Date Court Approved:</i>
<input type="checkbox"/> <i>Return to parent, guardian or other custodian.</i>							

<input type="checkbox"/> <i>Place for adoption.</i>	
<input type="checkbox"/> <i>Placement with a permanent legal custodian.</i>	
<input type="checkbox"/> <i>Place permanently with a fit and willing relative.</i>	
<input type="checkbox"/> <i>Placement in another planned living arrangement intended to be permanent.</i>	
<p><b>The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.</b></p>	

EXAMPLE

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>	
<b>HOUSEHOLD MEMBERS</b>					
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i>		<i>Phone: ( )</i>

Date of Initial/Revised Plan:		Case Number:		Family Name:	
<b>INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY</b>					
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender:	Phone: (    )	
Address 1:			Address 2:		
City:			State:	Zip:	

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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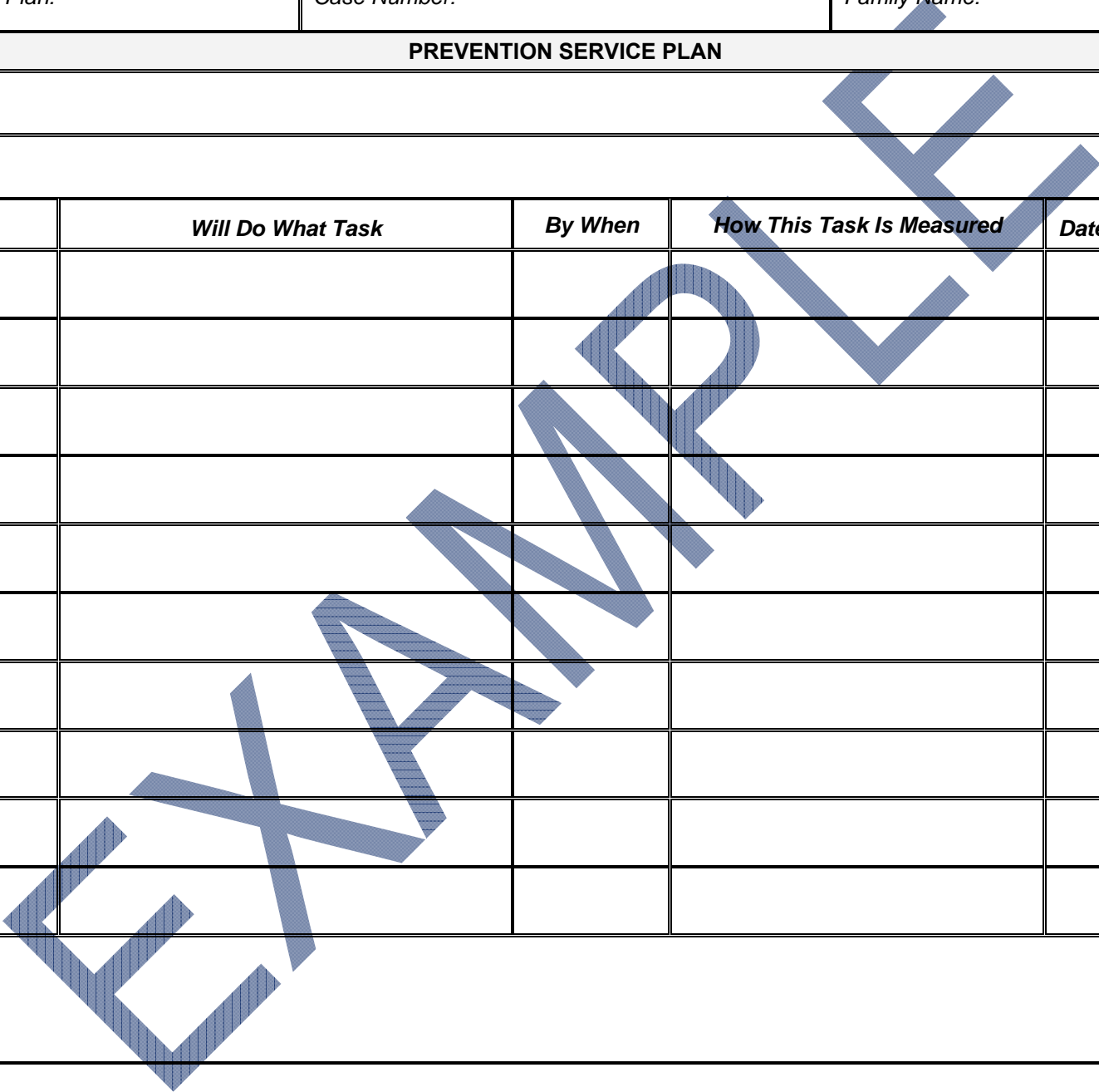
**PREVENTION SERVICE PLAN**

**OBJECTIVE:**

**Related Concerns:**

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>

**Comments:**





Date of Initial/Revised Plan:	Case Number:	Family Name:
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**NOTICE OF RIGHT TO APPEAL**

As a parent of a child receiving services from the

You have the right to appeal:

- any determination made which results in a denial, reduction, discontinuance, suspension, termination of service; or
- the County Agency’s failure to act upon a request for service with reasonable promptness.

A) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren).

B) You have the right to appeal Children & Youth Services’ determination to the State’s Department of Public Welfare (DPW), Bureau of Hearing and Appeals, 2330 Vartan Way, 2<sup>nd</sup> Floor, P.O. Box 2675, Harrisburg, Pennsylvania 17110.

Parents have the right to be represented by an attorney or a spokesperson of their choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

A written appeal requesting a hearing must be made within fifteen (15) calendar days from the date this notice was given or mailed to you. The written appeal should be sent to your Children & Youth caseworker and should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

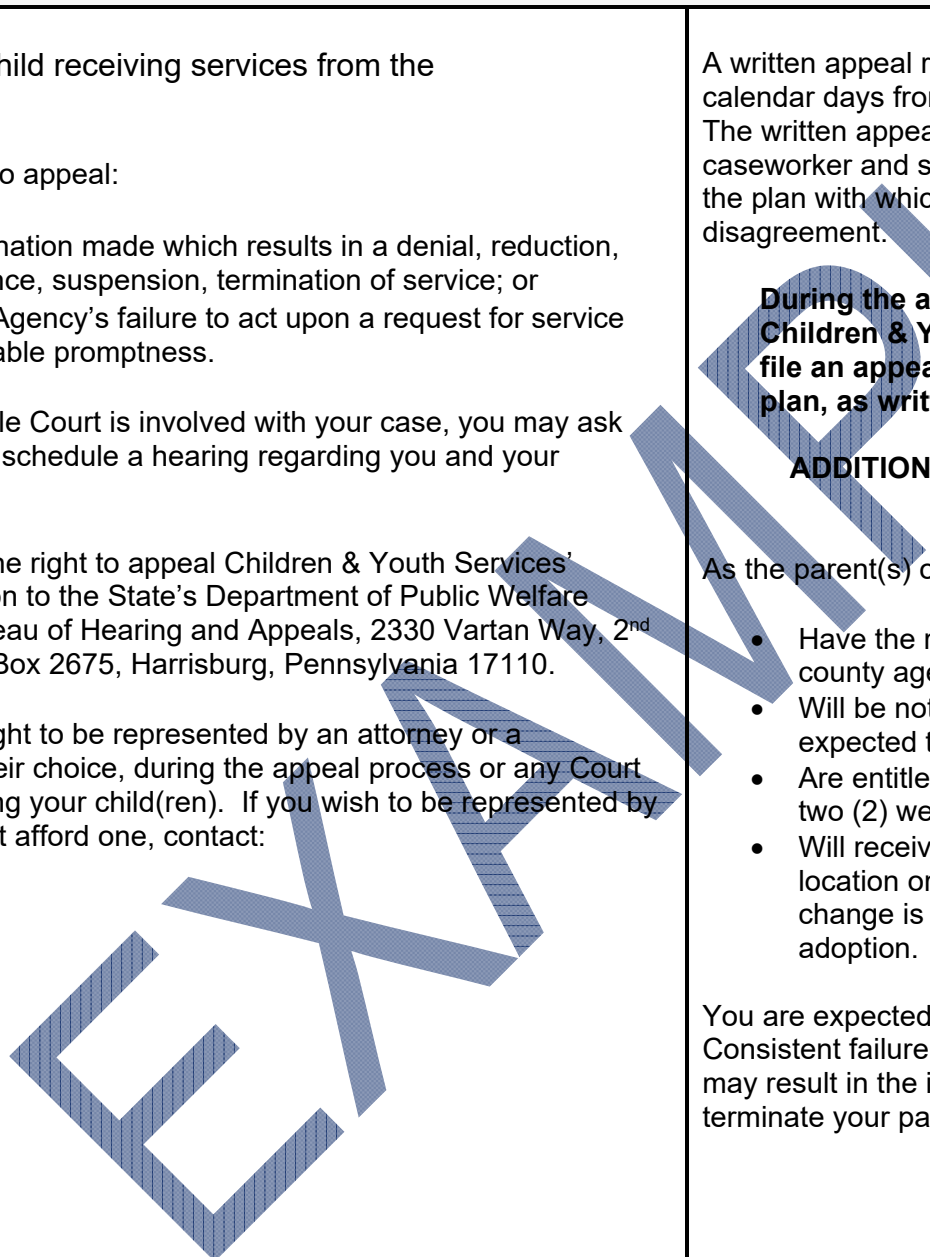
**During the appeal process, the service plan, as signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.**

**ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN PLACEMENT**

As the parent(s) of a child(ren) in substitute care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Judicial Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child’s permanency goal is adoption.

You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.



<i>Date of Initial/Revised Plan:</i>	<i>Case #:</i>	<i>Family Name:</i>
<b>FAMILY GROUP DECISION MAKING/CONFERENCING</b>		
<i>Date Conference Held:</i>	<i>Coordinator:</i>	
<i>Facilitator(s):</i>	<i>Referring Worker:</i>	
<i>Length of Conference:</i>	<i>Location of Conference:</i>	
<b>Purpose of Conference:</b>		
<b>RESOURCE LIST:</b>		
<b>DECISION OF REFERRING WORKER:</b> <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>		
<b>PERSONS WHO ATTENDED:</b>		
<b>PERSONS INVITED WHO DID NOT ATTEND:</b>	<b>PROVIDED</b>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<i>Date of Initial/Revised Plan:</i>	<i>Case #:</i>	<i>Family Name:</i>
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**FACILITATOR/COORDINATOR COMMENTS:**

EXAMPLE

Date of Initial/Revised Plan:		Case Number:		Family Name:			
<b>SERVICE PLAN PARTICIPANTS</b>							
Name	Relationship	Phone		Date and Method of Invitation to Participate	Date and Method of Actual Participation		
		Regular	Emergency				
		( )	( )				
		( )	( )				
		( )	( )				
		( )	( )				
		( )	( )				
		( )	( )				
<b>SERVICE PLAN SIGNATURES</b>							
<b>SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN</b>							
<i>If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.</i>							
Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date			
				Given	Mailed		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Comments:							
<b><i>I, the undersigned caseworker, attest that all the required family and child specific data elements of this plan are complete and have been discussed with the family.</i></b>							
Caseworker:				Date:			
<i>I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.</i>							
Supervisor:				Date:			