

Event: PLAN FAM SRV PLAN	Started: 08-29-2002
Worker:	Completed: 09-03-2002
Status: Completed	Updated: 09-03-2002
Subject: None	
Client:	

Intact Family
Goal:

Child(ren) in Care
Goal: Reunification
Notice Given to Parents? Yes

Client ID	Client Name	DOB	Facility ID	Facility Name	Placement Date
					06-24-2002
					06-24-2002

Visitation Information

Visitation – Include as many details as possible. It is mandatory to include information regarding sibling visits. If there are no sibling visits, explain why.

Visitation	Frequency	Length	Transportation	Location	Condition	Specify

Presenting Problems and Outcomes

Identify specific steps to achieve the outcomes. Include specific services that have been identified, who will complete the referral, who will provide transportation, payment information, who is participating, and the length of each services.

Please include specific tasks that must occur in order for the family to achieve the desired outcomes. Be as detailed as possible. Please add a date in each problem area indicating when this area will be reviewed.

Problem Area: 07. Attitude Towards Parenting

Problem: D06. Bonding Style with Child(ren)

Outcome: a. Parent(s) are able to accept child(ren) as he/she is without projecting negative attitudes about the child(ren)

Note*: xxxx and xxxx will actively participate in xxxx's counseling to better understand xxxx's feelings and how their lack of communication, fighting and distrust affects her. Neither parent will bring their individual or marital issues into xxxx's sessions. Both parents will work with xxxx's therapist to develop a better understanding of xxxx's feelings. The Division of Family Services will closely monitor the family, as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 08. Communication

Problem: F01. Ability to communicate (Verbal and Nonverbal)

Outcome: a. Parent(s) are able to encourage open verbal communication and affection between themselves and their child(ren)

Note*: xxxx and xxxx will attend marriage counseling to learn how to communicate together as husband and wife. xxxx will learn how to trust her husband and trust his judgment as a parent also xxxx and xxxx will not fight around their children. The Division of Family Services will closely monitor the family, as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 09. Difficulty Handling Conflicts

Problem: F02. Manner of Dealing with Conflicts/Stress

Outcome: a. Parent(s) are able to constructively talk over problems and can effectively handle stress and conflict

Note*: xxxx and xxxx will attend marriage counseling to learn how to communicate together as adults. xxxx and xxxx will learn how to discuss issues concerning the children, the home, and their lives together. xxxx will learn to listen to what xxxx has to say and not criticize his feelings. xxxx will continue her counseling with xxxx at Adult Mental Health to work on her own distrust issues. xxxx will learn not to show any distrust to xxxx in front of the children. xxxx will not stalk or spy on xxxx especially when the children re in the home. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 10. Family Violence Concerns

Problem: F03. Balance of Power

Outcome: b. Parent(s) are able to demonstrate respectful, positive, caring, trusting attitudes towards each other

Note*: xxxx and xxxx will attend marriage counseling to learn how to work together as a team. Both parents will attend the Strengthening Families Program to learn how to parent together. The Division of Family Services has made the referral for this program and will provide payment. It will be xxxx and xxxx responsibility to complete the program. The Division of Family Services will receive a report on their progress with the program and the parents will sign consent forms for this xxxx and xxxx will be able to demonstrate effective parenting skills learned through the program. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 11. Substance Abuse

Problem: H03. Current Substance Abuse

Outcome: b. Parent(s) will successfully complete a substance abuse treatment program

Note*: xxxx will continue with her substance abuse treatment program at xxxx. xxxx will not use any type of drug or alcohol unless prescribed for her. xxxx compliance and progress with xxxx will be followed by the Division of Family Services substance abuse liaison. The Division of Family Services will closely monitor

the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 12. Problem-Solving and Coping Skills

Problem: H04. Passivity/Helplessness/Dependence

Outcome: b. Parent(s) are able to develop options and make appropriate decisions/choices

Note*: xxxx will attend individual counseling with xxxx at Adult Mental Health. xxxx will show she can make appropriate decisions and trust people. xxxx will learn how to effectively communicate with other people. xxxx will take what she has learned and continue to use these skills at home with her family and in the community with other people. xxxx is presently on Trazodone and Wellbutrin for anxiety. xxxx will continue with her medication as long as needed. If xxxx feels the medication is not working for her or she is unable to take it she will report this to her psychiatrist for appropriate treatment. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Contracted Services

Service Type	Provider	Frequency	Duration	Preferred Service?	Referral Generated

Division Services

Service Type	Frequency	Duration	Preferred Service?	Referral Generated

Other Services

Service Type	Provider	Frequency	Duration	Preferred Service?	Referral Generated
SUBSTANCE ABUSE	THRESHOLDS	Three times a week	3 months		
MARRIAGE COUNSELING		Weekly	3 months		
STRENGTHENING FAMILIES	CHILDREN AND FAMILIES FIRST	Weekly	3 months		
INDIVIDUAL COUNSELING FOR XXXX	ADULT MENTAL HEALTH	Weekly	3 months		
XXXX COUNSELING	DELAWARE GUIDANCE	Weekly	3 months		

Progress and achievement towards outcomes will be measured by, but will not be limited to, verbal communication, first hand observations, reports from service providers, self-reporting, and other documentation provided by the family.

RIGHT TO APPEAL/REQUEST A FAIR HEARING FOR INTACT FAMILIES ONLY

The Division of Family Services acknowledges and supports a party's right to appeal when that party is directly impacted by the following decision points: approval/disapproval, casework decision, case plan, and determination of eligibility. If you wish to appeal, please send a written request to the Division of Family Service Director, 1825 Faulkland Road, Wilmington, DE 19805 no later than thirty calendar days of the date of this decision or notice. The request for an Appeal/Fair Hearing should explain the reason(s) for the request and the relief requested.

Critical decisions involving custody, visitation, termination of parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed. Those matters shall be decided by the Court.

I understand this Child Service Plan agreement. I know that if I sign below, I am agreeing this plan should be put into action. I know I can attach a signed statement outlining any disagreement I have with this plan or request an appeal through a case manager with the Department of Services for Children, Youth and Their Families. This plan will be reviewed with me at least every six months. No changes will be made to this plan unless all participants are informed.

A refusal to sign the plan by a participant and a reason must be documented and dated below. Absence of signature must be documented. Each participant shall receive a copy of this plan.

Participant's Signatures:	Present at Plan	Date
Child: _____	_____	_____
Parents: _____ _____	_____	_____
Family Service Specialist: _____	_____	_____
Family Service Supervisor: _____	_____	_____
POC/POS Agency: _____	_____	_____
Other: _____	_____	_____

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that info is not provided.

Notes: None