

Plan Coversheet

Eligibility and Prevention Plan Information	
Child's Name: Click or tap here to enter text.	Child ID : Click or tap here to enter text.
Child is identified as being at imminent risk of entering foster care, but can remain safely at home or in a kinship placement : <input type="checkbox"/> Re-Determination Date: Click or tap to enter a date.	FFPSA case: <input type="checkbox"/> Non-FFPSA : <input type="checkbox"/>
Foster Care Prevention Strategy: <input type="checkbox"/> Mental Health <input type="checkbox"/> In-home Parent Skill-Based <input type="checkbox"/> Substance Abuse Treatment	
Service Type: <input type="checkbox"/> Functional Family Therapy <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Parent Child Interaction Therapy	
Prevention Plan Start Date: Click or tap to enter a date.	Prevention Plan End Date: Click or tap to enter a date.
ICWA Information/Tribal Affiliation	
Tribal Affiliation : Choose an item. Tribal notice : Click or tap here to enter text.	Initial and ongoing assessment and the development and implementation involved the Indian child's Tribe : Choose an item. Attempts to contact the child's Tribe : Click or tap here to enter text.
Ongoing Safety Monitoring and Periodic Risk Assessment .	
Periodic risk assessment initial : Click or tap here to enter text. Periodic risk assessment interim : Click or tap here to enter text. Periodic risk assessment final : Click or tap here to enter text.	

Family Well-Being Plan

Positive Childhood Experiences (PCE)

1. I feel able to talk to my family about my feelings: Choose an item.
2. I feel my family stands by me during difficult times: Choose an item.
3. I enjoy participating in community activities: Choose an item.
4. I feel connected (or sense of belonging) with others in my community (example: school, neighborhood, church): Choose an item.
5. I feel safe in my environment (home, school, neighborhood, community): Choose an item.
6. I have at least two non-parent adults who take a genuine interest in me: Choose an item.
7. I feel safe and protected by an adult in my home: Choose an item.

Family Household Strengthening

What does the family hope to gain from services: Click or tap here to enter text.

Family Strengths: Click or tap here to enter text.

Concrete Supports: Choose an item.

Action Plan

Contact information

Child's Name: Click or tap here to enter text.

Family Name: Click or tap here to enter text.

Caregiver's Name: Choose an item.

Caregiver's Name: Choose an item.

Plan Start Date:

Plan Review Date:

Click or tap to enter a date.

Click or tap to enter a date.

Care Navigator:

Care Navigator's Phone Number:

Click or tap here to enter text.

Click or tap here to enter text.

Tribal Representative: Click or tap here to enter text.

Tribal Representative Phone Number: Click or tap here to enter text.

Family Support : Click or tap here to enter text.

Family Support: Click or tap here to enter text.

Frequency of in-person contact: Click or tap here to enter text.

Family Well-Being Plan

Resources: Click or tap here to enter text.	Who will do what: Click or tap here to enter text.	When: Click or tap here to enter text.
HOPEFUL Child Goals		
Relationship: Click or tap here to enter text.		
Environment: Click or tap here to enter text.		
Engagement: Click or tap here to enter text.		
Emotional Growth: Click or tap here to enter text.		
HOPEFUL Caregiver(s) Goals		
Relationship: Click or tap here to enter text.		
Environment: Click or tap here to enter text.		
Engagement: Click or tap here to enter text.		
Emotional Growth: Click or tap here to enter text.		
Evidence-based Practice Information		
Service Provider: Click or tap here to enter text.	Provider's Contact Information: Click or tap here to enter text.	
Service Start Date: Click or tap to enter a date.	Service End Date: Click or tap to enter a date.	
Service Goals: Click or tap here to enter text.		