



Children and Youth
System of Care

Community
Pathway

Families First
CARE PLAN

Care Plan

This plan belongs to:

The community pathway

is an avenue in which children, youth and families can receive supports at the earliest point possible to minimize child welfare involvement. Through the community pathway, families can be connected to supports to address needs and ensure the safety of the children in their own home.

This Plan will help you:

- Decide how you will take care of yourself, your children and your family needs.
- Think about the people who can help.
- Consider the information and resources you will need.

Personal and Family Strengths: Please list in the text box all of your family's strengths.

Goals: For each of the categories below, write down things you are doing well and where you need improvement. Take the time to reflect on these, and write a goal for each category

	<u>Doing Well</u>	<u>Need Improvement</u>	<u>My Goals</u>
Family & Friends			
Parenting			
Work/School			
Body			
Mental Health			
Recovery Journey			
Other:			



Care Plan

This plan belongs to:

To care for myself and my family and to achieve my goals, I need help with:

Basic Needs:

- Housing Food Transportation Utilities: Other:

Behavioral Health:

- Case Management Substance Use Counseling Mental Health Counseling
 Peer Support Medication Assisted Treatment Recovery Supports (ex. 12-step group, NA/AA, etc.)
 Other:

Physical Health:

- Primary Medical Provider Prenatal Care Provider Pediatrician
 Other:

Education Support:

- Employment Education Legal Assistance Other:

Safety: Do you feel Safe in your home? Yes No

- Domestic Violence Unsafe Home Environment (non working smoke alarms, exposed wires, lead paint, et.)
 Other:

Care Plan

This plan belongs to:

Parenting & Family Support:

- Birth Plan
- Safe Sleep Education
- Infant Development
- Breastfeeding
- Evidence-Based Home Visiting
- Childcare
- Caring for my Baby
- Bonding/Attachement
- Parenting Classes
- Eat, Sleep, Console
- Items for my baby
- Other:

Do you do you need any other support to take care of your child(ren)? Yes No

Explain:

Caregiver Signature:	Date:	Caregiver Signature:	Date:
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Provider Printed Name & Contact Number	Provider Signature:	Date:
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