

The Institute For Social Advancement

Family Care Plan

Client's Name _____ Level of Care _____ AFS# _____

EDC/Baby's Date of Birth _____ Date of Plan _____ Next Review Due _____

FAMILY STRENGTHS Family Close Proximity Family/Personal Support Religious Beliefs

Father of Baby Involved Other _____ **Target Date** _____

FAMILY FUNCTIONING / PARENTING SKILLS _____

Parent will demonstrate the ability to meet the physical and emotional needs for family within a safe environment _____

Learn ways to enrich parenting skills i.e. written material, attend birth / parenting / nurturing class _____

Other _____

No goal identified by client

FAMILY HEALTH / NUTRITION _____

Adequate nutritional resources ie. enroll in WIC, information / continue to breastfeed, learn healthy ways to eat for self and children _____

Maintain insurance coverage for family members / attend Health Providers appointments _____

Other _____

No goal identified by client

EDUCATION _____

Enroll / Attend / Complete _____

Other _____

No goal identified by client

EMPLOYMENT / FINANCIAL SUPPORT _____

Return to / Obtain employment _____

Apply for W2 / Quest / childcare / child support _____

Other _____

No goal identified by client

HOUSING _____

Obtain housing _____

Other _____

No goal identified by client

AODA / MENTAL HEALTH _____

Learn skills to: stop/reduce smoking, address AODA issues, decrease stress, address anger _____

Enroll / Attend smoking, AODA, stress, anger management program. _____

Enroll / attend outpatient mental health program _____

Other _____

No goal identified by client

Client signature _____ Date _____

Staff signature _____ Date _____

Supervisor/Manager signature _____ Date _____