

FAMILY SERVICE AGREEMENT

FAMILY NAME:	CASE/REFERRAL #
FSS:	LOCALITY:
DATE:	REVISED:

CHECK PRIMARY GOAL	
PREVENT ABUSE/NEGLECT	PREVENT REMOVAL

STRENGTHS:
1.
2.
3.
NEEDS:
1.
2.
3.

SERVICE PLAN				
OBJECTIVE	SERVICE	ACTIVITIES TASKS	RESPONSIBLE PARTY	TARGET DATE
<i>EXAMPLE: PARENTS WILL LEARN ALTERNATIVE STYLES OF DISCIPLINE THAT DO NOT CAUSE INJURY TO THE CHILD</i>	<i>PARENTING EDUCATION</i>	<i>ENROLL AND ATTEND PARENTING CLASSES AT THE YMCA</i>	<i>PARENTS</i>	<i>3 MONTHS</i>

FAMILY SERVICE AGREEMENT

SERVICE PLAN				
OBJECTIVE	SERVICE	ACTIVITIES TASKS	RESPONSIBLE PARTY	TARGET DATE

This agreement will be **reviewed in 90 days** _____ (date) or sooner if requested earlier by the local department, family or service provider.

This is **not** a legally binding document. However, it is:

_____ A statement of mutually identified child and family service needs, agreed to by the family and the local department of social services and others.

_____ Notice to the family of the child safety concerns and recommended services, activities and tasks to protect the child, prevent future abuse or neglect, and strengthen the family.

If applicable:

_____ Absent effective preventative services, foster care is the planned living arrangement for [child name(s)]: _____.

	Signature	Date
Parent/Caretaker		
Parent/Caretaker		
FSS		
Service Provider		
Other		