

## FAMILY SERVICE AGREEMENT

<b>FAMILY NAME:</b>	<b>CASE/REFERRAL #</b>
<b>WORKER:</b>	<b>LOCALITY:</b>
<b>DATE:</b>	<b>REVISED:</b>

<b>CHECK PRIMARY GOAL</b>	
<b>PREVENT ABUSE/NEGLECT</b>	<b>PREVENT REMOVAL</b>

<b>STRENGTHS:</b>
1.
2.
3.
<b>NEEDS:</b>
1.
2.
3.

<b>SERVICE PLAN</b>				
<b>OBJECTIVE</b>	<b>SERVICE</b>	<b>ACTIVITIES TASKS</b>	<b>RESPONSIBLE PARTY</b>	<b>TARGET DATE</b>
<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		
Worker		
Service Provider		
Other		

## **Family Services Agreement Instructions**

**How to use this form:** This form is recommended when services are to be provided as a result of a CPS Family Assessment or investigation. All parties to the agreement should sign and date it and receive a copy. **This form may be used as a Service Application Form.**

**Family Name:** Complete name of head of household.  
**Case/Referral #:** OASIS  
**Worker:** Name of the worker  
**Locality:** Name of the LDSS  
**Date:** Date agreement created  
**Revised:** Check if revised agreement

**Check Primary Goal:** Check either Prevent abuse/neglect; or Prevent removal

### **Strengths and Needs:**

<b>Caretaker Domains:</b>	<b>Child Domains:</b>
<p><b>Substance use or abuse:</b> the current and historical use of substances as well as how the caretaker teaches the child about substances.</p> <p><b>Emotional stability:</b> includes assessment of the caretaker's resilience and how their emotional health affects daily functioning</p> <p><b>Sexual abuse:</b> the current and historical matter of sexual abuse as well as how the caretaker teaches the child about sexual abuse</p> <p><b>Resource management and basic needs:</b> not only the adequacy of resources but how they are managed</p> <p><b>Parenting skills:</b> knowledge and understanding of parenting skills</p> <p><b>Household relationships/domestic violence:</b> dynamics of power and control; interaction between the adults</p> <p><b>Caretaker abuse or neglect history:</b> childhood abuse/neglect of the caretaker and its impact on the family</p> <p><b>Social or community support system:</b> access and use of resources to include extended family, friends, and community resources</p> <p><b>Physical health:</b> the caretakers' health and how this impacts family functioning</p> <p><b>Communications skills:</b> the caretakers' level of communication and how it affects family functioning</p>	<p><b>Emotional/behavioral:</b> the child's mental health, emotional adjustment and coping skills</p> <p><b>Family relationships:</b> the child's interactions with family members</p> <p><b>Medical/physical:</b> the child's medical needs including routine health care</p> <p><b>Child development:</b> the child's physical and cognitive development</p> <p><b>Cultural/community identity:</b> the child's connection with his culture and or community</p> <p><b>Substance abuse:</b> the child's use of substances</p> <p><b>Education:</b> the child's academic achievement; specialized educational</p> <p><b>Peer/adult social relationships:</b> the child's relationships with peers and adults outside of the family</p> <p><b>Delinquent/CHINS behavior:</b> behavior which if committed by an adult would be a crime or offenses unique to children</p>

**Objective:** Describe the desired outcome or what must be done to achieve the goal. (S.M.A.R.T.)

**Service:** Describe the service and/ or the name of service provider

**Activities/Tasks** Describe what needs to be done to expedite the plan such as transportation, making referral, etc.

**Responsible Party:** Indicate who will be responsible for carrying out activities/tasks

**Target Date:** Indicate an anticipated date of completion

Agreement review date: This date should be **90 days** from date of agreement, but can be sooner. This is the date that the worker and family will evaluate the plan

Check statement when all parties agree to the plan.

Check notice when parties cannot agree but a plan is required to protect the child.

Check absent effective preventative services for any child who is assessed as a reasonable candidate for foster care and include the name of the child.

**Signatures:**

Any individual who participated in the creation of the plan should sign and date the agreement.