

OUT-OF-HOME CARE SUPPORT PLAN

Name - Foster Parent 1 (Last, First, MI)	Name - Foster Parent 2 (Last, First, MI)	Provider ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name – Licensing Specialist		Date
<input type="text"/>		<input type="text"/>

CURRENT PREFERENCES AND STRENGTHS

Describe any placement preferences and / or considerations indicated by the foster parent(s), including age, gender, race, special needs, contact with birth families, etc.

Describe any strengths observed and / or indicated by the foster parent(s) including skills, education, resources, support network, functional strengths.

AREAS NEEDING SUPPORT AND / OR STRENGTHENING

What concerns / needs require support and / or strengthening?

Describe how each concern / need affects family functioning.

What resources or support systems do the foster parent(s) have available during times of high stress or crisis that will allow them to reduce the stress? What steps are planned for the foster parent(s) to take when they are faced with a high stress or crisis situation?

SERVICES TO SUPPORT FOSTER PARENT(S)

#	Service	Responsible Party (Agency, Ed. Program, Natural Supports, OHC Consultant, Foster Parent, etc.)	Frequency (One-time, Weekly, etc)	Start Date	End Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OUTCOME MEASUREMENTS

What is the desired outcome of support? Relate measurable outcome to needs or concerns requiring support and / or strengthening.

Describe the indicators and / or measure(s) of successful use of support services to increase skills and abilities.

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Comment [D2]: Page: 1
The Name – Foster Parent 2 field pre-fills with the selected Provider’s name if applicable. Not editable on the template.

Comment [D3]: Page: 1
The Provider ID field pre-fills with the eWISACWIS provide ID.

Comment [D4]: Page: 1
The Name – Licensing Specialist field pre-fills with the name of the worker who first created and saved the template. Not editable on the template.

Comment [D5]: Page: 1
The Date field pre-fills with the date the document was created. Not user editable on the template

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SIGNATURES

SIGNATURE - Foster Parent

Date Signed

SIGNATURE - Foster Parent

Date Signed

SIGNATURE - Licensing Specialist

Date Signed

SIGNATURE - Licensing Supervisor

Date Signed

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