

IN-HOME SERVICES COVER SHEET


To:

Name - Referring Worker	Name - Referring Agency	Telephone Number - Referring Worker
-------------------------	-------------------------	-------------------------------------




Family Name	Telephone Number - Home	Telephone Number - Work
-------------	-------------------------	-------------------------




Address


Directions to Home

Name  Signed In-Home or Family Preservation Worker


Names of Family Members (include all persons living in household and out-of-home siblings) - List

 of DSS / Juvenile Court Involvement (past and present) - Specify  

 of Related Agency Involvement (past and present including schools,  mental health and legal) - Specify 


 of Interaction Between Parent Figures and Between Parents and Children (amount, quality, when it is good or bad) - Describe

 of Possible Evidence of Family Having Motivation to Change - Specify


 of Family Members Under Medication, Alcohol or Special Needs - Specify

 of Additional Comments

SPECIFIC AREAS TO ADDRESS FOR IN-HOME OR FP SERVICES

 In-Home Family Preservation

Parenting Skills

- a. Discipline
-  b. Provide Structure
-  c. Step-Parent
-  d. Single Parent
-  e. Child Development
-  f. Leisure Activities
- g. Nurturing
-  h. Sibling Relationships
-  i. Behavior Management 

Household Management

-  a. Nutrition
-  b. Housekeeping Skills
-  c. Health and Safety

- d. Money Management / Budgeting
- e. Time Management
- f. Employment

Other

- a. Sex Education
- b. Self-Esteem
- c. Assertiveness
- d. Social Skills
- e. Relationships
- f. Anger Control
- g. Responsibility
- h. Communication
- i. Decision Making / Problem Solving
- j. Coping With Stress
- k. Separation and Loss
- l. Substance Abuse / Impact on Families
- m. Hygiene
- n. Other

- Family Meeting	Time - Family Meeting	Location - Family Meeting
------------------	-----------------------	---------------------------

Requested In-Home or FP Worker Start Date

Requested Time Per Month for In-Home or FP Hours Per Week

Estimated Length of Time for In-Home or FP Worker Involvement

Following reports will be provided by in-home or FP worker. A written Case Plan will be received within 30 days and approved in writing by the social worker.

Yes No Is there an agency mandated safety plan?

Yes No Will in-home services be part of the safety plan? If so, describe in-home responsibilities in safety plan.

SIGNATURES

Name - Worker

SIGNATURE - Worker

Date Signed

Name - Supervisor

SIGNATURE - Supervisor

Date Signed