

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County:

Case Number:

Case Name:	
Agency Worker Name, Phone Number & Email	
Agency Supervisor Name Phone Number & Email	

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

Family Demographics	Name & Address	DOB:	Age:
Child		DOB:	Age:
Mother		Phone:	Age:
Father of:		Phone:	Age:
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

Temporary Safety Provider	Name & Address
Caregiver	
Caregiver	
Caregiver	
Caregiver	

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Strengths & Resources

Identify family and family member strengths.

Identify services in place for the family & Describe family's use of those services.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

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Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Is there a current Safety Threat? Yes, complete this page No, go to objectives and activities

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Addressing the Identified Safety Threats

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
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Is there a Temporary Safety Provider? Yes No

Provider Name:

Child(ren) Name:

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? Yes No

If no, reason:

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Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
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Progress toward Achieving the Factor

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Parent/Caretaker Well-Being Needs

Parent Name(s):

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above? Yes No

If not, how are these needs being addressed?

Voluntary Services

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

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Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

Childs Name:

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
Educational / Developmental	School/Daycare: Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain: <input type="checkbox"/> No Services in place, IEP, A/G:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Progress / Follow Up / Next Steps, if needed:
Physical / Medical/ Medication	Physician/Address/Phone: Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?	Any health needs/issues/strengths (i.e., Allergies, medications)?	Progress / Follow Up / Next Steps, if needed:
Dental	Dentist/Address/Phone: Date of last dental appointment?	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Mental Health / Behavioral Health / Juvenile Justice needs	Provider/Address/Phone: Diagnosis/Behavior Concern:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Social / Other	Activities:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Health Insurance	Service Provider & Contact information:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Child/Youth's Participation in Case Planning	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)?		

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Child(ren):

Is the child at imminent risk of removal? Yes No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

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Court

Is there an open legal action on this case? Yes No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

Yes No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

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Confidentiality & Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Safety Provider (if being used)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others invited but unable to attend:			