

Smith Family Service Plan

FAMILY SERVICE PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

Family Name: Smith

County: Any

Case Number: 0101010

Date Family Accepted for Service: 10/17/20xx

Date of Initial/Revised Plan: 11/20/20xx

Date of Next Plan Review: 4/29/20xx

x Initial Family Service Plan ☐ Revised Plan

INITIAL FAMILY STRENGTHS:

Crystal and Colin actively participate in the safety assessment and are cooperative with the development and implementation of the Safety Plan. The physical home environment was free of safety hazards. Children's basic needs are being met.

Crystal speaks very fondly of her children and appears proud of them. Crystal has dreams for her children. Crystal has strong attachments with her children. Crystal appears to be intelligent, articulate, and sociable. Crystal displays at least an average level of intelligence in her communications. Crystal is concerned that her children become responsible adults. Crystal knows that she has family members she can use as resources. Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect. Crystal provides a clean home for herself and her children.

Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation. Colin appears thoughtful. Colin can avoid conflict. Colin appears emotionally controlled and stable. Colin speaks positively about the children. Colin is resourceful. Colin enjoys playing with the children and will take them to get something to eat or to the park.

STRENGTHS IDENTIFIED DURING REVIEW:

N/A

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number: 0101010		Family Name: Smith	
INITIAL REASON FAMILY WAS ACCEPTED FOR SERVICE:					
Describe the family's situation(s) and the causes of the situation(s): Crystal's (mother) history of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She is leaving the children home alone, often overnight, 5-6 times per week so that she can locate and use drugs. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brother, Christian in the absence of an adult caregiver, to include extended periods of time.					
Effects on child(ren): Both children report they are scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified and expected to care for her mother when she is hung-over and also provide care for her 4-year-old brother.					
Concerns: Crystal leaves the children home alone for long periods of time unsupervised so that she can use and obtain drugs. Collin leaves the home knowing that Crystal will leave the children home alone. Crystal admits to leaving the children home alone but does not see this as a major concern as Carley is 10-years-old and can provide supervision to Christian (age 4). Crystal's treatment needs are not known at this time. Christian presents extremely shy and his developmental functioning is not known at this time. It is unclear if Colin fully embraces the caregiver role. He has been part of the children's lives and says he wants to be a part of the family long-term; but has not yet fully acknowledged his role as a caregiver.					
Initial level of risk on: was:					
<input type="checkbox"/> High		<input checked="" type="checkbox"/> Moderate		<input type="checkbox"/> Low	
				<input type="checkbox"/> No	
REASON FOR REVISION:					
Describe the family's situation(s) and the causes of the situation:					
Effects on child(ren):					
Concerns:					
Current level of risk on: is:					
<input type="checkbox"/> High		<input type="checkbox"/> Moderate		<input type="checkbox"/> Low	
				<input type="checkbox"/> No	

Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
IDENTIFYING INFORMATION					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
CHILD:					
<i>First Name:</i> Carley		<i>Middle Initial:</i> P	<i>Last Name:</i> Smith	<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
<i>DOB:</i> Age 10					
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(717) 555-1234	
MOTHER:					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith	<i>DOB:</i> Age 30	
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(717) 555-1234	
FATHER(S):					
<i>First Name:</i> James		<i>Middle Initial:</i>	<i>Last Name:</i> Webster	<i>DOB:</i>	<i>Phone:</i> ()
<i>Address 1:</i> 12 Main Street		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i> Anytown		<i>State:</i> OH	<i>Zip:</i> 40000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>DOB:</i>		<i>Phone:</i> (516) 555-7890			
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>DOB:</i>		<i>Phone:</i> ()			
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith			
OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A							
First Name: Colin		Middle Initial:	Last Name: Levitt		DOB:	Phone:	Has Legal Custody:
Relationship to Child: Mother's live-in paramour					Age 30	717 -555-1234	<input type="checkbox"/>
Address 1: 123 South Pendleton Avenue		Address 2:					
City: Anytown		State: PA	Zip: 11111				
First Name:		Middle Initial:	Last Name:				<input type="checkbox"/>
Relationship to Child:							
Address 1:		Address 2:					
City:		State:	Zip:				
PERMANENCY GOAL							
<input checked="" type="checkbox"/> Child remains in the home. (Check only one box) <input type="checkbox"/> The child is not at imminent risk of placement. OR <input checked="" type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. OR <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.							
<input type="checkbox"/> Child entered substitute care with the goal of:						Date Court Approved:	
<input type="checkbox"/> Return to parent, guardian or other custodian.							
<input type="checkbox"/> Place for adoption.							
<input type="checkbox"/> Placement with a permanent legal custodian.							
<input type="checkbox"/> Place permanently with a fit and willing relative.							
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.							

Smith Family Service Plan

The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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IDENTIFYING INFORMATION

If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.

CHILD:

<i>First Name:</i> Christian	<i>Middle Initial:</i>	<i>Last Name:</i> Smith	<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>	<i>DOB:</i> 4-years-old
<i>Address 1:</i> 123 South Pendleton Avenue	<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown	<i>State:</i> PA	<i>Zip:</i> 11111	(717) 555-1234	

MOTHER:

<i>First Name:</i> Crystal	<i>Middle Initial:</i>	<i>Last Name:</i> Smith	<i>DOB:</i> Age 30
<i>Address 1:</i> 123 South Pendleton Avenue	<i>Address 2:</i>		<i>Phone:</i>
<i>City:</i> Anytown	<i>State:</i> PA	<i>Zip:</i> 11111	(717) 555-1234

FATHER(S):

<i>First Name:</i> Unknown	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ()
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ()
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ()
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith		
OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A						
First Name: Colin		Middle Initial:	Last Name: Levitt		DOB:	Phone:
Relationship to Child: Mother's live-in paramour		Age 30		717 -555-1234		Has Legal Custody: <input type="checkbox"/>
Address 1: 123 South Pendleton Avenue		Address 2:				
City: Anytown		State: PA Zip: 11111				
First Name:		Middle Initial:	Last Name:			Has Legal Custody: <input type="checkbox"/>
Relationship to Child:						
Address 1:		Address 2:				
City:		State: Zip:				
PERMANENCY GOAL						
<input checked="" type="checkbox"/> Child remains in the home. (Check only one box) <input type="checkbox"/> The child is not at imminent risk of placement. OR <input checked="" type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. OR <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.						
<input type="checkbox"/> Child entered substitute care with the goal of:						Date Court Approved:
<input type="checkbox"/> <i>Return to parent, guardian or other custodian.</i>						
<input type="checkbox"/> <i>Place for adoption.</i>						
<input type="checkbox"/> <i>Placement with a permanent legal custodian.</i>						
<input type="checkbox"/> <i>Place permanently with a fit and willing relative.</i>						
<input type="checkbox"/> <i>Placement in another planned living arrangement intended to be permanent.</i>						
The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.						

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith	
HOUSEHOLD MEMBERS					
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone:
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ()

Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY					
<i>First Name:</i> Brian		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 32
<i>Relationship:</i> Maternal Uncle			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> (555) 555-0990
<i>Address 1:</i> 223 Spruce Street			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Brandi		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 33
<i>Relationship:</i> Maternal Aunt			<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		<i>Phone:</i> (555)555-0990
<i>Address 1:</i> 223 Spruce Street			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Sheila		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 65
<i>Relationship:</i> maternal grandmother			<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		<i>Phone:</i> (555) 555-1859
<i>Address 1:</i> 333 English Court			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Michael		<i>Middle Initial:</i>	<i>Last Name:</i> Scott		<i>DOB:</i>
<i>Relationship:</i> Family Pastor			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> (555) 555-0174
<i>Address 1:</i> Brightside Baptist Church			<i>Address 2:</i> 501 Baltimore Avenue		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Clint		<i>Middle Initial:</i>	<i>Last Name:</i> Nail		<i>DOB:</i>
<i>Relationship:</i> Drug & Alcohol Counselor			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> (555) 555-5597
<i>Address 1:</i> 1902 Carlisle Road			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111

Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith			
SERVICE PLAN					
OBJECTIVE: Crystal manages her addiction to drugs and alcohol so that she can provide appropriate supervision and care for the children.					
<u>Related Concerns:</u> <u>Absent/Diminished Protective Capacities:</u> caregiver demonstrates impulse control; caregiver has a history of protecting <u>Risk Factors:</u> Age, physical, intellectual, or emotional status; History of neglect; Parenting skills/knowledge; Substance abuse; Family supports; Stressors					
<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center.	Until date of discharge by the facility	By the discharge report from Mountainside Treatment Center.		
Crystal Smith	Crystal will follow the discharge plan from Mountainside Substance Abuse Treatment Center.	From date of discharge until other recommendations are made	Weekly reports from her counselor, Clint Nail.		
Crystal Smith	Crystal will participate in intensive outpatient drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor.	Until recommended by counselor or successfully discharged	-Caseworker will have weekly phone contact with Crystal's counselor, Clint Nail. -Counselor (Clint Nail) will send monthly reports and discharge summary.		
Crystal Smith	Crystal will provide random drug screens as requested by the CYS agency.	As requested until 6/15/20xx	Caseworker will document all random drug screen requests and their results.		
Crystal Smith	Crystal will attend 2 NA or AA meetings a week.	Bi-weekly until 6/15/20xx	Crystal will get attendance sheet signed at each meeting and show caseworker each time she meets with him.		
Crystal Smith	Crystal will obtain and utilize a sponsor who she feels comfortable with and call the sponsor when she needs support or has the urge to use	Ongoing as needed	The caseworker will call the sponsor for updates after receiving contact information from Crystal.		

Smith Family Service Plan

Comments:

OBJECTIVE: Crystal will assure that her children are supervised at all times.

Related Concerns: **Absent/Diminished Protective Capacities:** caregiver demonstrates impulse control; caregiver has a history of protecting
Risk Factor: Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; History of neglect; Parenting skills/knowledge; Relationship with children; Family supports; Stressors

Who	Will Do What Task	By When	How This Task Is Measured	Date Started	Date Completed
Crystal Smith	Crystal will enroll Christian in the Brightside Baptist Church all day daycare so he has appropriate supervision during the day while Crystal is in treatment.	Immediately following discharge from detox	Crystal will call the caseworker when Christian is enrolled		
Crystal Smith	Crystal will enroll Carley in the Brightside Baptist Church after school daycare and register her for transportation. Crystal will ensure her attendance.	Immediately following discharge from detox	Crystal will call the caseworker when Carley is enrolled. Caseworker will obtain attendance reports monthly.		
Crystal Smith	Crystal will sign a release for Brightside Baptist Church so caseworker can call for updates and receive records from the daycare.	Immediately following discharge from detox	Caseworker will have the signed release.		
Crystal Smith, Brian Smith	Brian will provide childcare for children at least 2X week according to Crystal's NA/AA meeting schedule.	Immediately following discharge from treatment.	Caseworker will call Brian weekly to confirm that he has been watching the children while Crystal attends her meetings.		
Colin Levitt and Crystal Smith	Crystal will attend a co-parenting class with Colin to discuss roles and responsibilities of being a parent. Colin will help with child care duties.	Crystal will register for classes upon the recommendation of her counselor, Clint Nail.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker Written monthly reports and collateral calls from the counselor.		

Smith Family Service Plan

OBJECTIVE: Colin will better understand his caregiving role in the family and basic child development of a 4 and 10 year old to assure that the children are supervised at all times and safe from threats of harm.

Related Concerns: Absent/Diminished Protective Capacities: The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks; the caregiver understands his/her protective role

Risk Factors: Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with Children; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt and Crystal Smith	Colin will attend a co-parenting class with Crystal to discuss roles and responsibilities of being a parent. Colin will help with child care duties.	Colin will register for classes when Crystal's counselor, Clint Nail recommends.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker Written monthly reports and collateral calls from the counselor.		
Colin Levitt	Colin will attend weekly age appropriate parenting classes with a parenting coach.	April 20xx (minimum of 10 weeks)	Discharge report from parenting coach.		
Colin Levitt	Colin and Caseworker will discuss his progress in the parenting class and discuss the parenting coach's recommendations after the 10 sessions. If the coach recommends additional sessions, they will be planned at this meeting.	April 20xx	Discussion with Colin and Caseworker by reviewing the parenting program discharge recommendations.		
Colin Levitt	Colin will call the two local parenting classes to find one that he feels comfortable participating with and make a self-referral.	1/25/20xx	Colin will provide the name of the parenting class he chose to the caseworker by 2/1/20xx.		
Caseworker	Caseworker will make an appropriate referral to the parenting class that Colin chooses that discusses child development as a need for Colin.	2/4/20xx	Caseworker will provide Colin with the date, time and location of the parenting classes.		
Colin	Colin will sign a release of information for the parenting program so the caseworker can receive updates on Colin's progress.	2/5/20xx/09	Colin will provide the signed release to the caseworker. Caseworker will ask for reports.		

Smith Family Service Plan

Colin	Colin will understand and be able to demonstrate that the children are too young to be left home alone unsupervised.	6/1/20xx	Colin will assure that someone is there to supervise the children when he does need to leave. Colin will be able to explain to the caseworker what plan he used when he did need to leave the home. Caseworker can verify this with the caregiver who supervised the children.		
Colin	Colin will participate in the men's/fathers group at the Brightside Baptist Church with Pastor Scott. Colin will use this group as a support to share his successes and struggles at becoming a role model and parenting figure to two small children.	6/1/20xx or ongoing as needed	Colin will self report when he attended the group. -Pastor Scott will maintain contact with the caseworker and discuss Colin's attendance and participation in the group.		

Smith Family Service Plan

OBJECTIVE: Christian's developmental needs will be assessed and met.

Related Concerns: Risk Factors: Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Caseworker and Crystal Smith	Will complete the Ages and Stages Questionnaire for Christian.	1/12/20xx	The caseworker will document the findings and recommendations.		
Caseworker	Will make any referrals for additional evaluations should the Ages and Stages Screening tool indicate a need.	1/20/20xx	The caseworker will give the mother dates, times and locations of any appointments.		
Crystal Smith	Crystal will make and keep any appointments for evaluations recommended by the Ages and Stages Questionnaire.	2/15/20xx	Caseworker will request a copy of any evaluations completed for Christian.		

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx

Case Number:

Family Name: Smith

NOTICE OF RIGHT TO APPEAL

As a parent of a child receiving services from the

You have the right to appeal:

- any determination made which results in a denial, reduction, discontinuance, suspension, termination of service; or
- the County Agency's failure to act upon a request for service with reasonable promptness.

A) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren).

B) You have the right to appeal Children & Youth Services' determination to the State's Department of Public Welfare (DPW), Bureau of Hearing and Appeals, 2330 Vartan Way, 2nd Floor, P.O. Box 2675, Harrisburg, Pennsylvania 17110.

Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

A written appeal requesting a hearing must be made within fifteen (15) calendar days from the date this notice was given or mailed to you. The written appeal should be sent to your Children & Youth caseworker and should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

During the appeal process, the Service Plan, as signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.

ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN PLACEMENT

As the parent(s) of a child(ren) in substitute care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Judicial Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption.

You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case #:		Family Name: Smith	
FAMILY GROUP DECISION MAKING/CONFERENCING					
Date Conference Held:			Coordinator:		
Facilitator(s):			Referring Worker:		
Length of Conference:			Location of Conference:		
Purpose of Conference:					
RESOURCE LIST:					
DECISION OF REFERRING WORKER: <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>					
PERSONS WHO ATTENDED:					
PERSONS INVITED WHO DID NOT ATTEND:					PROVIDED INFORMATION:
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Smith Family Service Plan

<i>Date of Initial/Revised Plan: 11/20/20xx</i>	<i>Case #:</i>	<i>Family Name: Smith</i>
FACILITATOR/COORDINATOR COMMENTS:		

Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith			
SERVICE PLAN PARTICIPANTS							
Name	Relationship	Phone		Date and Method of Invitation to Participate		Date and Method of Actual Participation	
		Regular	Emergency				
Crystal Smith	Mother	(717) 555-1234	()	10/19/20xx	IPC	10/30/20xx	IPC
Colin Levitt	Mother's paramour	(555) 555-6778	()	10/19/20xx	IPC	10/30/20xx	IPC
Clint Nail	A/D Counselor	(555) 555-3341	()	10/22/20xx	TC	11/1/20xx	TC
Brian Smith	Maternal uncle	(555) 555-0990	()	11/20/20xx	WC	11/4/20xx	IPC
Sheila Smith	MGM	(555)555-1859	()	11/22/20xx	IPC	11/5/20xx	TC
Pastor Scott	Pastor	(555)555-1226	()	11/2/2-xx	WC	11/5/20xx	TC
SERVICE PLAN SIGNATURES							
SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN <i>If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.</i>							
Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date			
				Given	Mailed		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Comments:							
Caseworker:					Date:		
<i>I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.</i>							
Supervisor:					Date:		