**Plan of Safe Care**

Licking County

**Date of Plan:**

**Pregnant/Parenting Individual’s Name:**       **DOB:**

**Infant’s Delivery Date:**

|  |  |
| --- | --- |
| **Child Name** | **Age** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Primary Caregiver Name & Age (if different than Pregnant/Parenting Individual):**

**Secondary Caregiver Name & Age:**

|  |
| --- |
| **Managed Care Plan** |
| Buckeye: |
| CareSource: |
| Molina: |
| Paramount: |
| United: |
| Private/Name of Provider: |

**Pregnant/Parenting Individual/Caregiver’s Contact Information:**

**Address:**

**Telephone:**

**Text:**

**Email:**

**Brief description of the impact of substance use on the family:**

**Agency Involvement (complete all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Phone Number** | **Helpful?** |
| **Children Services** |  |  |  | **YN** |
| **Court Program** |  |  |  | **YN** |
| **Physician** |  |  |  | **YN** |
| **Psychiatric Agency** |  |  |  | **YN** |
| **Psychological Assessment** |  |  |  | **YN** |
| **Therapist** |  |  |  | **YN** |
| **Other:** |  |  |  | **YN** |
| **Other:** |  |  |  | **YN** |

**Needs of Infant:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Past Engagement** | **Currently Engaged** | **Needs Referral?** | **Who is providing service?**. | **Date of last appointment** | **Confirmed?** |
| **Primary Physician** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Early Intervention Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Discussed with Caregiver** | **Yes** | **No** | **Comments**: |
| Safe Sleep |  |  |  |
| Early Care |  |  |  |
| Nutrition |  |  |  |

**Needs of other children in the home:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Past Engagement** | **Currently Engaged** | **Needs Referral?** | **Who is providing service?** | **Date of last appointment** | **Confirmed** |
| **Primary Physician** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Early Intervention Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |

**Needs of the Pregnant/Parenting Individual:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Currently Engaged** | **Needs Referral?** | **Who is providing service?** | **Date of last appointment** | **Confirmed** |
| **Medical** | **YN** | **YN** |  |  | **YN** |
| **Mental Health** | **YN** | **YN** |  |  | **YN** |
| **SUD** | **YN** | **YN** |  |  | **YN** |
| **Medication Management** | **YN** | **YN** |  |  | **YN** |
| **Mother-child Bonding** | **YN** | **YN** |  |  | **YN** |
| **Breastfeeding** | **YN** | **YN** |  |  | **YN** |
| **Parenting Suport** | **YN** | **YN** |  |  | **YN** |
| **Family Support** | **YN** | **YN** |  |  | **YN** |
| **Case Management** | **YN** | **YN** |  |  | **YN** |
| **Childcare** | **YN** | **YN** |  |  | **YN** |
| **Benefits Eligibility Determination** | **YN** | **YN** |  |  | **YN** |
| **Housing** | **YN** | **YN** |  |  | **YN** |
| **Employment** | **YN** | **YN** |  |  | **YN** |
| **Transportation** | **YN** | **YN** |  |  | **YN** |
| **Support Network** | **YN** | **YN** |  |  | **YN** |
| **Recovery Support** | **YN** | **YN** |  |  | **YN** |
| **Domestic Violence Support** | **YN** | **YN** |  |  | **YN** |
| **Family Planning (contraception)** | **YN** | **YN** |  |  | **YN** |

**Needs of Secondary Caregiver:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Currently Engaged** | **Needs Referral?** | **Who is providing services?** | **Date of last appointment** | **Confirmed** |
| **Medical** | **YN** | **YN** |  |  | **YN** |
| **Mental Health** | **YN** | **YN** |  |  | **YN** |
| **SUD** | **YN** | **YN** |  |  | **YN** |
| **Medication Management** | **YN** | **YN** |  |  | **YN** |
| **Parenting Skills** | **YN** | **YN** |  |  | **YN** |
| **Benefits Eligibility Determination** | **YN** | **YN** |  |  | **YN** |
| **Employment** | **YN** | **YN** |  |  | **YN** |
| **Housing** | **YN** | **YN** |  |  | **YN** |
| **Transportation** | **YN** | **YN** |  |  | **YN** |

**Follow-up Roles and Responsibilities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Provider** | **Date** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Plan of Safe Care Coordination Participant Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures of Pregnant/Parenting Individual/Caregiver(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**