

FAPT Date: select date

Client Name: last, first

Dinwiddie County Individual and Family Services Plan

Demographic Information:			
Client Name:	Client ID #: ()	DOB: (date)	Age: (years)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Ethnicity:	
Address:			
Parent/Legal Guardian:		Phone Number:	
Siblings:			
Others Involved:			

Case Management Information:		
Case Manager:	Referral Source:	
Reason for Referral:		
Primary Mandate:	Secondary Mandate:	Tertiary Mandate:

Financial Information:		
Title IV-E: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	FAMIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, what type:		
Parental Contribution Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt; If exempt, why?		

CANS Completion Information:	
Date of Last CANS:	Date of Current CANS:
Discharge FAPT? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, is discharge (comprehensive) CANS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Information:		
Grade: Pre-Kindergarten	School:	504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability:	IEP Date:
Special Considerations: (enter additional considerations related to education)		

<i>Evaluations/Diagnoses/Medication</i>
Evaluations:
Diagnoses:
Medications:

<i>Family Input:</i>
Goal:
Strengths:
Natural Supports:
Needs:

<i>Strengths (As evidenced by the CANS Assessment):</i>	
(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)

Needs (As evidenced by the CANS Assessment):	
(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
<p>Goals are overarching outcomes that the family and team desire for the child and family. Although goals are broad, they guide team decision making and are generally, but not always tied to agency-specific goals for the child/family.</p> <p>Objectives are specific measurable steps that can be taken to meet the goal. Objectives should be concrete, tangible, and measurable steps which directly address the needs as they are reflected by the CANS Assessment.</p> <p>Goals and Objectives should be SMART (Specific, Measurable, Attainable, Relevant, and Time-bound).</p>	
Goal:	
Objective:	Progress:
Objective:	Progress:
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)

Discharge Plan/Progress Toward Discharge	
Discharge to:	Proposed Discharge Date:
Summarize discharge planning efforts:	

Consideration of UR Findings:	UR addendum attached? <input type="checkbox"/>Yes <input type="checkbox"/>No
UR occurs at FAPT and through the CSA Management Specialist reviews. That report is in the child's UR file.	

Service	Provider	Approved Units	Approval Dates	
			From	To
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)

Notes:

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Next FAPT Review:

		Dinwiddie's
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Participation and consent of youth and parent/guardian:

The undersigned have had the opportunity to participate in the development of the Individual Family Services Plan (IFSP), including the goals, objectives, and services contained within. Those who disagree with any or part of the IFSP may provide comment below.

Signature	Date	Role	Agree/Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Dissenting Opinion Comments:

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Participation and consent of the Family Assessment and Planning Team (FAPT):

The undersigned had the opportunity to participate in the development of this Individual Family Services Plan (IFSP). We understand the IFSP and, unless otherwise indicated below, agree with its implementation.

Signature	Date	Agency	Agree/Disagree
		DSS	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		DCPS	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		CSU	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		D19 CBS	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		PARENT REP	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		PRIVATE PROVIDER REP	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
		CSA MGMT SPEC.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Case Manager and Other Participant Signatures:

Signature	Date	Role

Funding Approval (include approval source/role):

Signature	Date	Role
		CSA COORDINATOR