CHILDREN'S FOSTER CARE

INITIAL SERVICE PLAN
Michigan Department of Human Services

IDENTIFYING INFORMATION

Child(ren):

Parents (Caretakers):

Name/ Address	Date Of Birth	Relationship	Child(ren)	Participating?	Reason not participating

I. LEGAL

A. Reason child(ren) entered care

A. Court History:

Child	Petition Date	Petition Type	Hearing Date	Hearing Outcome	Order date	Order type

C. Next Court Date:

II. REASONABLE EFFORTS

A. Services that were provided to the child(ren) and parent(s) to prevent removal.

B. If services were not provided to the family to prevent removal, briefly describe why the services were not provided to prevent the removal of child(ren) from his/her home.

C. Likely harm to child(ren) if separated or returned to from parent(s), guardian, or custodian.

III. SOCIAL WORK CONTACTS

Date	Contact Type	Contact Method	Contact Location	Scheduled	Kept/Unkept

IV. ASSESSMENT

A. Family Social History and Assessment

1. **Family History**

2. **Family Self Assessment**

3. **Family Resources**

4. **Child's History of Religious Participation, Requirements for Participation, or any Special Requirements.**

5. **Family Assessment of Needs and Strengths**

B. Child Social History and Assessment

1. **Placements during the Report Period.**

Child Name	Living Arrangement	Begin Date	End Date

2. **Medical Visits**

Child Name	Visit Date	Visit Type	Reason for Visit	Treatment

3. **Child History and Current Status**

4. **Education Information (From Education Section)**

Child Name	School Name	Grade	Pass/Fail

5. **Child(ren)'s Reaction to Placement**

6. **Child Assessment of Needs and Strengths**

7. **Placement Information**

   a. **Placement Selection Criteria**(Ranking each from 1 – 4; 1 being the reason(s) most important to the placement decision, 3 the least important and 4 not applicable.)

   b. **If any Placement Selection Criteria are not met, explain why not.**

8. **Placement Resources**

   a. **Sibling Placement**

   b. **Sibling and Kinship Visitation**

   c. **Kinship Resources and Placement**

d. Best Interests of Current Placement

9. Residential Care

E. Foster Parent/Kinship Caregiver Input

F. Progress to Date

*Please see the attached Parent-Agency Treatment Plan and Service Agreement for specific referrals & services.

V. RECOMMENDATION TO COURT

A. Should Child(ren) Remain in Out of Home Placement?

B. Mandatory Petition for Termination of Parental Rights
This recommendation applies to all children: Yes No

C. Recommended Court Orders

By signing below on behalf of the Department of Human Services we agree to those activities outlined above and will assist the family in their efforts to facilitate the Permanency Planning goal.
Worker Name and Title:

Signature: _____ **Date:** _____

Supervisor Name and Title:

Signature: _____ **Date:** _____

For Purchase of Service only:

DHS Local Office Name:
DHS Local Office Approval:

Distribution of Plan:

Parent(s) Attorney(s)

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	**AUTHORITY: P.A. 280 of 1939.** **RESPONSE: Voluntary.** **PENALTY: None**