

Ohio Department of Job and Family Services
FAMILY SERVICE PLAN

Version Number _____

Date Report Accepted		Family Name	
Family Service Plan Begin Date	Family Assessment Approval Date	<input type="checkbox"/> Post Safety Assessment <input type="checkbox"/> Post Family Assessment	Next Review Date
Case Number	Caseworker Name		Caseworker Phone Number

Child(ren) Involved in the Plan

Name	Date of Birth/Age

Are any children protected under the Indian Child Welfare Act? (If Yes, name each child and tribe.)

Adult(s) Involved in the Plan

Name	Relationship To Child(ren)	Contact Information

What strengths and family/community supports does the family have?

What are the concerns/needs for the family?	What is causing these concerns/needs for the family?	What do the family and worker want to see happen?	What steps will be taken to get this done and who will do it?	Who is going to help the family? (e.g., Provider Information)	What will these services and activities achieve?	Are the steps complete? (check box)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

The family participated in development of this service plan in the following way(s)

SIGNATURES

I understand and have helped develop this plan. I agree with this plan. I understand I will be given a copy of the Family Service Plan.

Print Name	Signature	Date

I was provided a copy of the Family Service Plan on _____.