KING GEORGE COUNTY INDIVIDUAL & FAMILY SERVICE PLAN OUTCOMES ☐ Initial ☐ Review

(DSS, CHINS, CSB & CSU Only)

FAPT Date: _____ **Lead Agency**: Other **Case Manager**: _____

Name: _____ **Estimated Discharge Date**: _____ **Next FAPT Meeting**: _____

DOB: _____ **Age**: _____

Social Security #: _____ **CSA Case #:** _____

OASIS case # _____ **OASIS Client #** _____ **STI #** _____

Sex: ☐Male ☐Female

Race: ☐White/Caucasion ☐Asian ☐Black/African American ☐American Indian or Native Alaskan
☐Native Hawaiian or Pacific Islander ☐Hispanic ☐Multiracial

Adoption: ☐ Yes ☐ No **List agency**: _____

Address: _____

Phone Number: _____ **Parent/Guardian Email:** _____

School: _____ **Grade**: _____ **IEP**: ◯ Yes ◯ No

Mother: _____ **Father**: _____

Legal Custodian(s): _____ **Relationship to Child**: _____

Siblings (name/age): _____

Others household members / Relationship to child: _____

_____

Primary Reason for Services (Required): Behavioral Issues

Secondary Reason for Services (Optional: Truancy

Tertiary Reason for Services (Optional): Runaway

Mitigating Circumstances:

☐Child/Family Not Cooperating
☐ Community Capacity for WRAP
☐Community Resources
☐Community Safety
☐Family Preference for treatment
☐ Ineffectiveness of Current Treatment
☐Legal Constraints
☐Placement Safety
☐Resources of Caregiver

Additional Information: _____

CANS Identified Needs: _____

CANS Identified Strengths: _____

Legal Issues/Court Involvement: _____

Medical/Mental Health Issues: _____

☐YES ☐ NO Child has a DSM-IV mental health diagnosis Diagnosis: _____

☐YES ☐ NO Child takes a prescription medication for a mental health problem

Medication(s): _____

Present status of case (narrative of past and ongoing events to include family history, presenting problems, strengths, and needs of the child and family):

Short Term Goals	Target Date
1. _____	_____
2. _____	_____
3. _____	_____

Long Term Outcome(s): _____

What progress has been made in meeting the identified outcome? _____

Step Down / Discharge Plan: _____

Have there been difficulties in providing or in participation of services? ☐YES ☐ NO

If YES, explain: _____

Explain changes made in the child's service plan (ex: services, medications, goals, etc.) _____

_____

Recommended CSA Funded Service Requests:

Provider #1: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #2: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #3: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #4: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #5: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #6: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #7: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Provider #8: _____ Service Provided: Other

Start Date: _____ End Date: _____

Rate Charged by Vendor: $ _____ Per: One Time Only

Total # of One Time Only requested for service period: _____

Total $_____ requested for service period.

Recommended Non-CSA Funded Services

Service	Provider

Audit Documentation:

Consent to Exchange Information Form ☐ Attached ☐ Previously Submitted

Most Recent Reassessment CANS completed: _____ ☐ Attached ☐ Previously Submitted

Most Recent Comprehensive CANS completed: _____ ☐ Attached ☐ Previously Submitted

RACSB Utilization Review (CSA Purchased Service): ☐ Attached ☐ N/A

FAPT Utilization Review: ☐ Attached ☐ N/A

CHINS Order / Court Updates: ☐ Attached ☐ Previously Submitted ☐ N/A

Parental Contribution Agreement / DCSE Referral: ☐ Attached ☐ Previously Submitted

Medicaid Verification: ☐ Copy of Card Attached ☐ Copy of Card Previously Submitted ☐ N/A

Vendor Treatment Plans/Progress Reports/Report Cards: ☐ Attached

Vendors Considered for current service requests: _____ _____

_____ _____

_____ _____

_____ _____

Reason for choosing current vendor(s): _____

_____

Vendor Rate Sheets: ☐ Attached

☐ Previously submitted

Recommendations for funded services are subject to approval and authorization by the King George County Community Policy and Management Team.

I have been notified of my right to appeal any element of this plan. I have also been notified that implementation of this plan is contingent upon CPMT approval. Your signing of this IFSP is an obligation to participate in the treatment recommendations for your child and family as described in this document. Failure to participate may result in the denial of CSA funding.

_____

Parent / Guardian Signature Date

☐ I agree to this plan
☐ I disagree with this plan, because

_____

_____

Parent / Guardian Signature Date

☐ I agree to this plan
☐ I disagree with this plan, because

_____

_____

Youth Signature Date

☐ I agree to this plan
☐ I disagree with this plan, because

_____

_____

Case Manager Signature Date

☐ I agree to this plan
☐ I disagree with this plan, because

_____

FAPT Members Signatures

_____ ☐ agree ☐ disagree

_____ ☐ agree ☐ disagree

_____ ☐ agree ☐ disagree

_____ ☐ agree ☐ disagree

_____ ☐ agree ☐ disagree

_____ ☐ agree ☐ disagree

Other Participant's Signatures

_____ _____

_____ _____

_____ _____