

FAPT Paperwork Checklist

Required paperwork for Campbell County FAPT

- **Campbell County Individual and Family Services Plan**
 - **Please complete these sections for new cases coming to FAPT**
 - Demographic
 - Case management information
 - Financial information
 - Evaluations/Diagnoses/Medications
 - Family input/goals
 - Progress reports/goals
 - Email as a word document
- **Consent to Exchange Information**
 - Email as a PDF -only needed if this is a new case, the current one is expired or there is a change in custody
- **Parental co-pay screening form**
 - Email as a PDF
 - Email as a PDF parents paystubs that show at least a month of pay or W2.
- **CANs Assessment**
 - This must be closed, show the Algorithm and be signed and must have been assessed no more than 30 days prior to FAPT.
- **Any assessment reports**
 - For example-social history, psychological evaluation, current IEP, foster care plan/assessments, and any other service reports as applicable.

Explain the FAPT Process to the Family.

- Review confidentiality and parents' rights with parents as it applies to FAPT. Parents must sign the Consent to Exchange information form.
- Encourage family to invite extended family members or community supports to the FAPT meeting.
- Educate child and family on what to expect at the FAPT meeting (i.e. who will be there, and the purpose, process and goals of the meeting)

All paperwork should be emailed to the CSA FAPT Coordinator no less than **7 Calendar days** prior to the scheduled FAPT meeting.

Please note:

Incomplete FAPT referrals will be rescheduled.

If any CSA funded services will be directly provided to the parent(s)/custodian(s), the parent(s)/custodian(s) must participate in FAPT meetings and consent to services on the IFSP unless court ordered.

Please email all required paperwork to:

Campbell County FAPT Coordinator, Irene Williams - niwilliams@campbellcountyva.gov

If there is a reason that FAPT needs to be cancelled on short notice please email Irene Williams or call Felicia Williams, Administrative Assistant at 434-332-9572.

CSA Staff Only

Date Referral Packet was Received by FAPT Coordinator: _____

Date Referral Packet was reviewed by FAPT Coordinator: _____

Date of FAPT Meeting: _____

FAPT

Updated July 2018

Campbell County Individual and Family Services Plan

Demographic Information: This section will need to be filled out.			
Client Name: (first middle last)	DOB: (date)	Age: (years)	IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (select)	Ethnicity: (select)	
Address: include both Parents			
Parent/Legal Guardian: Include Age of both parents		Phone Number: For Both Parents () - -	
Siblings: Include siblings who live in the home and who live outside of the home			
Current Providers: name/role name/role name/role name/role		Invited: <input type="checkbox"/> Yes <input type="checkbox"/> No Invited: <input type="checkbox"/> Yes <input type="checkbox"/> No Invited: <input type="checkbox"/> Yes <input type="checkbox"/> No Invited: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Case Management Information: This section will need to be filled out.		
Case Manager: (first last)	Referral Source: (agency)	
Reason for Referral: If this is the client's first FAPT meeting, please state the reason for the referral here. Please include relevant mental health and/or behavioral history. If this is not the first FAPT meeting please indicate the reason for returning to FAPT, include pertinent progress updates since the last FAPT meeting.		
Primary Mandate: select mandate	Secondary Mandate: select mandate	Tertiary Mandate: select mandate

Financial Information: Make sure this section is complete or ask if you are unsure.		
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: (health insurance carrier)		
Parental Contribution Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt; If exempt, why? (reason)		

CANS Completion Information: CANS must be closed and signed and no more than 30 days prior to FAPT date.	
Date of Last CANS: (select date)	Date of Current CANS: (select date)
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	

Evaluations/Diagnoses/Medication This section will need to be filled out.

Evaluations: (Include name/date of assessment and results.)

Diagnoses: (DSM-5 and Date of Diagnosis)

Medications: (Include medication type, dosage, frequency, date prescribed, and prescribing doctor.)

Family Input: (to include the youth's input)

Goal: (What is the family's overall desired outcome?)

Strengths: (In the family's words.)

Natural Supports: (Who does the family identify as their support system?)

Needs: (In the family's words.)

Strengths (As evidenced by the CANS Assessment):

(select CANS Strengths/Resiliency)	(comment)
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(select CANS Strengths/Resiliency)	(comment)
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(select CANS Strengths/Resiliency)	(comment)
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(select CANS Strengths/Resiliency)	(comment)
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Needs (As evidenced by the CANS Assessment):

(select Domain/Module)	(area of need)
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(select Domain/Module)	(area of need)
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(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:	
(What is the long-term goal for this child/family?)	
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)
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(measurable short-term objective)	(progress toward objective)
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)
Discharge Plan/Progress Toward Discharge	
Discharge to: (What is the next LRE?)	Proposed Discharge Date: (select date)
<p>Family's involvement in discharge: Describe the family's involvement in discharge planning (home visits, identification of needs for step down, engagement in therapy, etc.).</p>	

Summarize discharge planning efforts: (services, community resources, educational plan, etc.)

Consideration of UR Findings: **UR addendum attached?** Yes No

(How are UR findings incorporated into the service plan?)

Service	Provider	Approved Units	Approval Dates		CANs Strength or Need Identified:
			From	To	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	
(service)	(providers)	(unit)	(start date)	(end date)	

Notes:

(FAPT meeting notes)

Next FAPT Review:

Date:

Time:

Location:

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:

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
			<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
			<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
			<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