

FAPT Date: select date

Client Name: last, first

## Campbell County Individual and Family Services Plan

<b>Demographic Information:</b>			
<b>Client Name:</b> (first middle last)	<b>DOB:</b> (date)	<b>Age:</b> (years)	<b>IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> (select)	<b>Ethnicity:</b> (select)	
<b>Address:</b> (street, city, state, zip)			
<b>Parent/Legal Guardian:</b> (first, last)		<b>Phone Number:</b> ( ) -	
<b>Siblings:</b> (name/age)			
<b>Current Providers:</b> name/role name/role name/role name/role		<b>Invited:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Invited:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Invited:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Invited:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Case Management Information:</b>		
<b>Case Manager:</b> (first last)	<b>Referral Source:</b> (agency)	
<b>Reason for Referral:</b> (Include how child/family is known to your agency.)		
<b>Primary Mandate:</b> select mandate	<b>Secondary Mandate:</b> select mandate	<b>Tertiary Mandate:</b> select mandate

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

<b>CANS Completion Information:</b>	
<b>Date of Last CANS:</b> (select date)	<b>Date of Current CANS:</b> (select date)
<b>Discharge FAPT?</b> <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**

**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)

(select CANS Strengths/Resiliency)

(comment)

(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)

(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
<p><b>Goals</b> 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><b>Objectives</b> 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><b>Goals and Objectives should be SMART (Specific, Measurable, Attainable, Relevant, and Time-bound).</b></p>	
<b>Goal:</b>	
(What is the long-term goal for this child/family?)	
<b>Objective:</b>	<b>Progress:</b>
(measurable short-term objective)	(progress toward objective)
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(measurable short-term objective)	(progress toward objective)
<b>Objective:</b>	<b>Progress:</b>
(measurable short-term objective)	(progress toward objective)
<b>Discharge Plan/Progress Toward Discharge</b>	
<b>Discharge to:</b> (What is the next LRE?)	<b>Proposed Discharge Date:</b> (select date)
<p><b>Family's involvement in discharge:</b> 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?)

<b>Service</b>	<b>Provider</b>	<b>Approved Units</b>	<b>Approval Dates</b>		<b>CANs Strength or Need Identified:</b>
			<b>From</b>	<b>To</b>	
(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