

**IFSP – Individual Family Service Plan**  
 Giles Family Assessment and Planning Team

Child's Name:	
Child's SSN:	
Child's DOB:	
Case Manager:	
Agency:	
Date Plan Completed:	

**Reasons for Referral (Presenting Issues):**

<b>CSA Eligibility Category:</b>		
<b>Foster Care Services Mandate</b>		
	Child in DSS Custody	<input type="checkbox"/>
	Foster Care Prevention Services	<input type="checkbox"/>
	Foster Care Prevention CPS	<input type="checkbox"/>
	CHINS (FAPT admin. finding –checklist)	<input type="checkbox"/>
	CHINS (court order)	<input type="checkbox"/>
<b>Special Education Services Mandate</b>		
	IEP: Residential Placement	<input type="checkbox"/>
	IEP: Private Day Placement	<input type="checkbox"/>
	Wrap-Around Services for Children w/Disabilities	<input type="checkbox"/>
<b>Eligible/Non-Mandated</b>		<input type="checkbox"/>

**Type of Documentation Supporting the CSA Eligibility Category Above and Location of Documents:**

Child's Name:

**CANS Score and Mitigating Circumstances**

Has a current CANS form been completed and entered (online) as required?  YES  NO

CANS date:
Comprehensive: Initial <input type="checkbox"/> Annual <input type="checkbox"/> Discharge <input type="checkbox"/>
Reassessment: <input type="checkbox"/>

CANS Section Name	Number of 2 ratings	Number of 3 ratings
Life Domain Functioning (15 items)		
School (3 items)		
Planned Permanency Caregiver / Strengths and Needs (19 items)		
Child Behavioral / Emotional Needs (10 items)		
Child Risk Behaviors (11 items)		

CANS Section Name	Number of 0 ratings	Number of 1 ratings
Child Strengths (11 items)		

<b>Mitigating Circumstances: Explanation of unique and challenging situations related to CANS Score and proposed services:</b>

Child's Name:

## Strengths and Needs of Child and Family

<b>1. Prior Service Delivery History (include past interventions and outcomes, reasons for services provided, referrals to other resources, and reasons for referral to the FAP Team):</b>	
<b>2. List Child and Family Strengths:</b>	
<b>3. List <u>Child-Specific and Measurable</u> Service Goals and Objectives with Treatment Plan: (Include legal, health/mental health, family/school/environmental issues. Any CANS need that reaches 2 or 3 is considered an actionable need and should be addressed.)</b>	
<u>Long-term Goal, based on CANS strength or need:</u> (addressed over next 12 months)	
<u>Objectives:</u> (desired behavior changes/plan of treatment/provider of services addressed over the next few weeks or months related to the above goal)	
<u>Target date for completion:</u>	
<u>Long-term Goal, based on CANS strength or need:</u> (addressed over next 12 months)	
<u>Objectives:</u> (desired behavior changes/plan of treatment/provider of services addressed over the next few weeks or months related to the above goal)	
<u>Target date for completion:</u>	
<u>Long-term Goal, based on CANS strength or need:</u> (addressed over next 12 months)	
<u>Objectives:</u> (desired behavior changes/plan of treatment/provider of services addressed over the next few weeks or months related to the above goal)	
<u>Target date for completion:</u>	
<b>4. Plan for Transition/Step-down/Discharge from this plan with target date:</b>	

Child's Name:

Case Manager Signature:	
Case Manager Name (Print or Type):	
Date:	

***The Individual Family Service Plan was developed with my participation and I am in agreement with the plan. I was given a copy of "Summary of Child and Family Rights" and "Procedural Safeguards."***

Signature of Parent(s) or Legal Guardian(s):	
Parent(s) or Legal Guardian(s) Name (Print or Type):	
Relationship:	
Date:	
Signature of Parent(s) or Legal Guardian(s):	
Parent(s) or Legal Guardian(s) Name (Print or Type):	
Relationship:	
Date:	
Signature of Child (if age-appropriate):	
Date:	



Child's Name:

**Approval/Signature Page**

The attached Individual Family Service Plan was reviewed by the Family Assessment and Planning Team on:

Dates	with services approved through	Dates
<input type="checkbox"/> Co-pay was assessed		
<input type="checkbox"/> Co-pay was not assessed		
Reason:		
Was the Parent(s) or Legal Guardian(s) present during the meeting when this plan was reviewed and approved?		<input type="checkbox"/> was present
		<input type="checkbox"/> was not present
If not present, specify reason:		
<input type="checkbox"/> FAPT has ensured that, if purchasing foster care services from a LCPA, services are appropriately matched to the individual needs of the child.		

FAPT Notes/Comments:

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The next scheduled FAPT review date will be \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Full Review  Paper Review  Desk Review

*All FAP team members present agree to the plan by the signature of the FAP Team Chair/Presiding Member below unless otherwise noted.*

Signature of FAP Team Chair or Presiding Member: \_\_\_\_\_

Date: \_\_\_\_\_

**CPMT Authorization of Expenditures**

Approve Funding Request as Presented  Approve Funding Request as Amended Below

Deny Funding Request

Amendments/Comments:

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\_\_\_\_\_  
CPMT Chair/designee Signature

\_\_\_\_\_  
Date

## UR – Individual Family Service Plan Review (Utilization Review)

Giles Family Assessment and Planning Team

Child's Name:		Case Manager:	
Child's SSN:		Agency:	
Child's DOB:		Date Services Initiated:	
CSA Eligibility Category:		Review Date:	

Brief History of Case and Current Placement of Child:

1. Has a current CANS form been completed and entered (online) as required?  YES  NO

CANS date:
Comprehensive: Initial <input type="checkbox"/> Annual <input type="checkbox"/> Discharge <input type="checkbox"/>
Reassessment: <input type="checkbox"/>

CANS Section Name	Number of 2 ratings	Number of 3 ratings
Life Domain Functioning (15 items)		
School (3 items)		
Planned Permanency Caregiver / Strengths and Needs (19 items)		
Child Behavioral / Emotional Needs (10 items)		
Child Risk Behaviors (11 items)		

CANS Section Name	Number of 0 ratings	Number of 1 ratings
Child Strengths (11 items)		

2. Vendor/Service Provider progress reports have been received in a timely manner, have been reviewed, and the information evaluated with regard to the child's current assessment data, goals and objectives.  Yes  No  
Comments:

3. Services are being delivered in a timely manner and are appropriate to the recipient's needs:  
 Yes  No  
Comments:

4. Please list below all previously established goals and objectives from the IFSP and give an update on the progress for each goal. Include recommended changes to services and/or vendors where progress is not sufficient or other data indicates a needed change. Please clarify issues such as "No progress made". Please indicate in "Comments" if planned services are for a parent or prior custodian.

a. Goal:

- Achieved
- Acceptable Progress
- No progress made (Explain below)
- New goal established (Specify below)
- Other (Specify below)

Explanation/Comment:

b. Goal:

- Achieved
- Acceptable Progress
- No progress made (Explain below)
- New goal established (Specify below)
- Other (Specify below)

Explanation/Comment:

c. Goal:

- Achieved
- Acceptable Progress
- No progress made (Explain below)
- New goal established (Specify below)
- Other (Specify below)

Explanation/Comment:

d. Educational progress/school attendance:

e. Medication/health status:

f. Participation of family/legal guardian (or strategies to engage them) in planning and services:

g. Plan for Transition/Step-down/Discharge with Target Date:

h. Date of next Case Manager Utilization Review:



Child's Name:

This plan has been reviewed by the case managing agency and is being submitted for a Desk Review only.

Service Plan is being terminated with positive outcome and no further CSA Funds are needed at this time (Desk Review).

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency FAPT Representative

\_\_\_\_\_

\_\_\_\_\_  
Signature of CSA Coordinator (signifies paperwork complete)

\_\_\_\_\_ Date

This review is being submitted for consideration and approval by the FAP Team.  
FAP Team Full Review  FAP Team Paper Review

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_

Child's Name:

**Approval/Signature Page**

The attached Individual Family Service Plan was reviewed by the Family Assessment and Planning Team on:

Dates	with services approved through	Dates
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If not present, specify reason:		
<input type="checkbox"/> FAPT has ensured that, if purchasing foster care services from a LCPA, services are appropriately matched to the individual needs of the child.		

FAPT Notes/Comments:

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The next scheduled FAPT review date will be \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Full Review  Paper Review  Desk Review

*All FAP team members present agree to the plan by the signature of the FAP Team Chair/Presiding Member below unless otherwise noted.*

Signature of FAP Team Chair or Presiding Member: \_\_\_\_\_

Date: \_\_\_\_\_

**CPMT Authorization of Expenditures**

- Approve Funding Request as Presented       Approve Funding Request as Amended Below
- Deny Funding Request

Amendments/Comments:

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\_\_\_\_\_  
CPMT Chair/designee    Signature

\_\_\_\_\_  
Date