

## **Family Involvement Plan**

Name of Child/Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_

Medical Assistance ID Number: \_\_\_\_\_

Is the child/youth currently in placement through Juvenile Probation or Children and Youth Services?

\_\_\_\_\_ Yes    Juvenile Probation    Children and Youth Services

\_\_\_\_\_ No

Name of Residential Treatment Facility: \_\_\_\_\_

Date of RTF Admission: \_\_\_\_\_

Date of Family Involvement Plan: \_\_\_\_\_

**Questions 1-4 should be answered by the parent(s), caregiver(s) or legal guardian(s) of the child/youth.**

1. Does this plan identify my child/youth's and family's strengths, needs and cultural values?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Does this plan identify where my child/youth will be living after the residential stay is completed?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Tentative Plan in Place

3. Does the plan identify the supports needed by my child/youth and family while in residential treatment?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Did you participate in the development of this plan?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

We participated in the development of the plan for family involvement:

Signatures of the child/youth: \_\_\_\_\_ Date \_\_\_\_\_

Signature of the parent(s), caregiver(s), or legal guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

Signature of the RTF provider: \_\_\_\_\_ Date \_\_\_\_\_

Indication from the County Agency/BHMCO: \_\_\_\_\_ Date \_\_\_\_\_

## Treatment Plan

Name of Child/Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_

Medical Assistance ID Number: \_\_\_\_\_

Is the child/youth currently in placement through Juvenile Probation or Children and Youth Services?

\_\_\_\_\_ Yes    Juvenile Probation    Children and Youth Services

\_\_\_\_\_ No

Name of Residential Treatment Facility: \_\_\_\_\_

Date of RTF Admission: \_\_\_\_\_

Date of Treatment Plan: \_\_\_\_\_

**Questions 1-4 should be answered by the parent(s), caregiver(s), or legal guardian(s) of the child/youth.**

1. Does this plan identify my child/youth's and family's strengths, needs and cultural values?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Does this plan identify where my child/youth will be living after the residential stay is completed?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Tentative Plan in Place

3. Does the plan identify the supports needed by my child/youth and family while in residential treatment?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Did you participate in the development of this plan?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

We participated in the development of the plan for family involvement:

Signatures of the child/youth: \_\_\_\_\_ Date \_\_\_\_\_

Signature of the parent(s), caregiver(s), or legal guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

Signature of the RTF provider: \_\_\_\_\_ Date \_\_\_\_\_

Indication from the County Agency/BHMCO: \_\_\_\_\_ Date \_\_\_\_\_

## Discharge/Return to the Community Plan

Name of Child/Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_

Medical Assistance ID Number: \_\_\_\_\_

Is the child/youth currently in placement through Juvenile Probation or Children and Youth Services?

\_\_\_\_\_ Yes    Juvenile Probation    Children and Youth Services

\_\_\_\_\_ No

Name of Residential Treatment Facility: \_\_\_\_\_

Date of RTF Admission: \_\_\_\_\_

Date of Family Visit prior to Planned Discharge: \_\_\_\_\_

Date of Discharge/Return to Community Plan: \_\_\_\_\_

**Questions 1-4 should be answered by the parent(s), caregiver(s), or legal guardian(s) of the child/youth.**

1. Does this plan identify my child/youth's and family's strengths, needs and cultural values?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Does this plan identify where my child/youth will be living after discharge from the residential stay?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Does the plan identify the supports and services needed by my child/youth and family after discharge/return to community?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Did you participate in the development of this plan?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

We participated in the development of the plan for family involvement:

Signatures of the child/youth: \_\_\_\_\_ Date \_\_\_\_\_

Signature of the parent(s), caregiver(s), or legal guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

Signature of the RTF provider: \_\_\_\_\_ Date \_\_\_\_\_

Indication from the County Agency/BHMCO: \_\_\_\_\_ Date \_\_\_\_\_