

MULTI-AGENCY SERVICE PLAN

Agency: _____ **Lead Case Manager Name:** _____ **Date:** _____
Client's Name: _____ **Date of Birth:** _____ **Insurance:** _____
Effective Date: _____ **to** _____ **Date of Review:** _____

Instructions: Note strengths of the family, including the families' culture, race, and ethnicity. Discuss any traditions or cultural influences relevant to treatment goals. The goals will include the service codes for specific requests.

<u>Specific Treatment Goals</u>	<u>Projected Time Frame</u>	<u>Responsibly Party</u>	<u>Costs</u>
(1) Home/Residential 001 – non-clinical in-home visits 009 – Structured activities to improve family functioning			
(2) Family/Surrogate Family 002 – non-clinical parent support groups 003 – Parent education and mentoring 008 – Safety and adaptive equipment			
(3) Psychiatric/Psychological/Behavioral/Emotional			
(5) Legal/Judicial			

<u>Specific Treatment Goals</u>	<u>Projected Time Frame</u>	<u>Responsibly Party</u>	<u>Costs</u>
(6) Social/Recreational <i>007 – Social/recreational activities</i>			
(7) Physical/Medical/Dental/Substance Abuse			
(8) Safety/Crisis <i>008 – Safety and adaptive equipment</i>			
(9) Other <i>005 – Respite care (including summer camp)</i> <i>006 – Transportation</i> <i>010 – Parent Advocacy</i> <i>011– Service Coordination</i>			
(10) Safety Plan* –			

*** For a child who has mental, physical, or behavioral health issues where injuries could occur, provide a plan for dealing with short-term safety concerns.**