Date of Referral:	Date of Plan:	DOB:	
Mother's name and age:		Due Date:	
Secondary caregiver and age (If diff			
Child (ren) and age(s):			
Telephone:			
Address:			
DOC:	Date of Last Use:		
Supportive Family/Friend:	Phone Num	ber:	
Address:			
Description of the impact of substan	nce use on the family:		
		55	
700		10.00	
	4		



Managed Care Plan:	Agency Involvement: (Check all that apply)
	☐ Child Protective Services: Caseworker
Buckeye	☐ Court Program: Probation Officer
CareSource	☐ Psychiatric Agency: Doctor
Molina	☐ Psychological Assessment agency
Paramount	☐ Therapist name and agency
United	
Private / Name of Provider:	Other:

### Participants including name of agency

Name	Agency		Role
	74		
	1000		
	88		
	3977460	1	
	487 3		
	7		
	7		
	- /-		



Plan of Safe Care - POSC **Needs of Mother:** Service Provider Currently Needs Date of Last Confirmed? **Engaged** Referral **Appointment** Medical Mental health SUD Mother-child bonding **Breast feeding Parenting support** Family support Case Management Childcare SNAP/TANF/OWF WIC **Employment** Housing **Transportation** Supportive network Recovery support Domestic violence support **Contraceptive Planning** 

**Additional Comments:** 



	Currently	Needs	Service Provider	Date of Last	Confirmed?
	Engaged	Referral		Appointment	
Primary Physician					
Specialist(s)					
Early Intervention Services					
Discussed with Caregiver:	Yes	No	Comments:		
Safe Sleep					
Early care		4			
Nutrition		79			
Additional Comments:	d				
Needs of Other Children in H					-
Needs of Other Children in H	ome: Currently Engaged	Needs Referral	Service Provider	Date of Last Appointment	- Confirmed?
Needs of Other Children in H  Primary Physician	Currently		Service Provider		- Confirmed?
	Currently		Service Provider		Confirmed
Primary Physician	Currently		Service Provider		Confirmed
Primary Physician  Specialist(s)	Currently		Service Provider  Comments:		Confirmed
Primary Physician  Specialist(s)  Early Intervention Services	Currently Engaged	Referral			Confirmed
Primary Physician  Specialist(s)  Early Intervention Services  Discussed with Caregiver:	Currently Engaged	Referral			- Confirmed?
Primary Physician  Specialist(s)  Early Intervention Services  Discussed with Caregiver:  Safe Sleep	Currently Engaged	Referral			Confirmed
Primary Physician  Specialist(s)  Early Intervention Services  Discussed with Caregiver:  Safe Sleep  Early care	Currently Engaged	Referral			Confirmed



	Currently Engaged	Needs Referral	Service Provider	Date of Last Appointment	Confirmed?
Medical					
Mental health					
SUD		4			
Case Management					
Parenting skills					
SNAP/TANF/OWF		A			
Employment					
Housing	- 4				
Transportation					
Additional comments:					
			P. Carrier and P. Car		



### Follow-up Roles, Responsibilities

Service	Provider	Date	Notes
	97		
		1000	
	7		
POSC Coordinatio	on Participant Signatures:		

1 03c coordination i articipant signatures.		
	Date:	
Signatures of Mother / Caregiver(s):		
	Date:	

