

# ACUERDO DE SERVICIO FAMILIAR

## Family Services Agreement Instructions

**How to use this form:** This form is recommended when services are to be provided as a result of a CPS Family Assessment or investigation. All parties to the agreement should sign and date it and receive a copy. **This form may be used as a Service Application Form.**

**Family Name:** Complete name of head of household.  
**Case/Referral #:** OASIS  
**Worker:** Name of the worker  
**Locality:** Name of the LDSS  
**Date:** Date agreement created  
**Revised:** Check if revised agreement

**Check Primary Goal:** Check either Prevent abuse/neglect; **or** Prevent removal

### **Strengths and Needs:**

<b>Caretaker Domains:</b>	<b>Child Domains:</b>
<p><b>Substance use or abuse:</b> the current and historical use of substances as well as how the caretaker teaches the child about substances.</p>	<p><b>Emotional/behavioral:</b> the child's mental health, emotional adjustment and coping skills</p>
<p><b>Emotional stability:</b> includes assessment of the caretaker's resilience and how their emotional health affects daily functioning</p>	<p><b>Family relationships:</b> the child's interactions with family members</p>
<p><b>Sexual abuse:</b> the current and historical matter of sexual abuse as well as how the caretaker teaches the child about sexual abuse</p>	<p><b>Medical/physical:</b> the child's medical needs including routine health care</p>
<p><b>Resource management and basic needs:</b> not only the adequacy of resources but how they are managed</p>	<p><b>Child development:</b> the child's physical and cognitive development</p>
<p><b>Parenting skills:</b> knowledge and understanding of parenting skills</p>	<p><b>Cultural/community identity:</b> the child's connection with his culture and or community</p>
<p><b>Household relationships/domestic violence:</b> dynamics of power and control; interaction between the adults</p>	<p><b>Substance abuse:</b> the child's use of substances</p>
<p><b>Caretaker abuse or neglect history:</b> childhood abuse/neglect of the caretaker and its impact on the family</p>	<p><b>Education:</b> the child's academic achievement; specialized educational</p>
	<p><b>Peer/adult social relationships:</b> the child's relationships with peers and adults outside of the family</p>

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<p><b>Social or community support system:</b> access and use of resources to include extended family, friends, and community resources</p> <p><b>Physical health:</b> the caretakers' health and how this impacts family functioning</p> <p><b>Communications skills:</b> the caretakers' level of communication and how it affects family functioning</p>	<p><b>Delinquent/CHINS behavior:</b> behavior which if committed by an adult would be a crime or offenses unique to children</p>
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**Objective:** Describe the desired outcome or what must be done to achieve the goal. (S.M.A.R.T.)

**Service:** Describe the service and/ or the name of service provider

**Activities/Tasks** Describe what needs to be done to expedite the plan such as transportation, making referral, etc.

**Responsible Party:** Indicate who will be responsible for carrying out activities/tasks

**Target Date:** Indicate an anticipated date of completion

Agreement review date: This date should be **90 days** from date of agreement, but can be sooner. This is the date that the worker and family will evaluate the plan

Check statement when all parties agree to the plan.

Check notice when parties cannot agree but a plan is required to protect the child.

Check absent effective preventative services for any child who is assessed as a reasonable candidate for foster care and include the name of the child.

### **Signatures:**

Any individual who participated in the creation of the plan should sign and date the agreement.

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<b>APELLIDO:</b>	<b># DE CASO/REFERENCIA</b>
<b>TRABAJADOR:</b>	<b>LOCALIDAD:</b>
<b>FECHA:</b>	<b>REVISADO:</b>

<b>REVISAR OBJETIVO PRIMARIO</b>	
<b>EVITAR ABUSO/ABANDONO</b>	<b>EVITAR REMOCIÓN</b>

<b>FORTALEZAS:</b>
1.
2.
3.
<b>NECESIDADES:</b>
1.
2.
3.

<b>PLAN DE SERVICIO</b>				
<b>OBJETIVO</b>	<b>SERVICIO</b>	<b>ACTIVIDADES TAREAS</b>	<b>PARTE RESPONSABLE</b>	<b>FECHA OBJETIVO:</b>
<i>EJEMPLO: LOS PADRES APRENDERÁN ESTILOS ALTERNATIVOS DE DISCIPLINA QUE NO CAUSEN LESIONES AL NIÑO</i>	<i>EDUCACIÓN PARENTAL</i>	<i>INSCRÍBASE Y ASISTA A CLASES DE EDUCACIÓN PARENTAL EN EL YMCA</i>	<i>PADRES</i>	<i>3 MESES</i>

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PLAN DE SERVICIO				
OBJETIVO	SERVICIO	ACTIVIDADES TAREAS	PARTE RESPONSABLE	FECHA OBJETIVO:

Este acuerdo **se revisará en 90 días** \_\_\_\_\_ (fecha) o antes, si lo solicita el departamento local, la familia o el proveedor de servicios.

Este **no** es un documento legalmente vinculante. Sin embargo, es:

\_\_\_ Una declaración de necesidades de servicio mutuamente identificadas para el niño y su familia, acordada por la familia y el departamento local de servicios sociales y otros.

\_\_\_ Una notificación para la familia acerca de los problemas de seguridad del niño y los servicios, actividades y tareas recomendados para proteger al niño, evitar abusos o abandonos futuros y fortalecer a la familia.

De ser aplicable:

\_\_\_ En ausencia de servicios de prevención eficaces, el cuidado tutelar es el arreglo de vida para [nombre(s) del niño]: \_\_\_\_\_.

	Firma	Fecha
Padre/Cuidador		
Padre/Cuidador		
Trabajador		
Proveedor de servicio		
Otro		