**Plan of Safe Care**

Licking County

**Date of Plan:** 1.18.23

**Pregnant/Parenting Individual’s Name:** Suzy Smith **DOB:** 6.6.00

**Infant’s Delivery Date:** 5.15.23

|  |  |
| --- | --- |
| **Child Name** | **Age** |
| Caleb Smith | 2 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Primary Caregiver Name & Age (if different than Pregnant/Parenting Individual):** N/A

**Secondary Caregiver Name & Age:** Johnny Jones, Age 25

|  |
| --- |
| **Managed Care Plan** |
| Buckeye: |
| CareSource: |
| Molina:000011112222-33 |
| Paramount: |
| United: |
| Private/Name of Provider: |

**Pregnant/Parenting Individual/Caregiver’s Contact Information:**

**Address:** 1234 N. West Street Newark, Ohio 43055

**Telephone:** 740.555.1234

**Text:** 740.555.0000

**Email:** [suzyz@hotmail.com](mailto:suzyz@hotmail.com)

Suzy has used marijuana since the age of 14. Family history (maternal) of polysubstance use. Suzy experienced neglect due to parent’s own substance use challenges. Suzy states she self-medicates with marijuana for anxiety symptoms. Suzy has not qualified for a medical marijuana care.

**Brief description of the impact of substance use on the family:**

**Agency Involvement (complete all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Phone Number** | **Helpful?** |
| **Children Services** |  |  |  | **YN** |
| **Court Program** | Paul Parker | PO | 740.555.1223 | **YN** |
| **Physician** | Dr. Michael Daniels | Primary Care | 220.555.1234 | **YN** |
| **Psychiatric Agency** | Psychiatric Plus | Medication Management | 614.564.7896 | **YN** |
| **Psychological Assessment** |  |  |  | **YN** |
| **Therapist** | Tina Thomas | PP Therapist | 614.564.7897 | **YN** |
| **Other:** |  |  |  | **YN** |
| **Other:** |  |  |  | **YN** |

**Needs of Infant:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Past Engagement** | **Currently Engaged** | **Needs Referral?** | **Who is providing service?**. | **Date of last appointment** | **Confirmed?** |
| **Primary Physician** | **YN** | **YN** | **YN** | Dr. Littleton | 1.24.23 | **YN** |
| **Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Early Intervention Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Discussed with Caregiver** | **Yes** | **No** | **Comments**: |
| Safe Sleep |  |  | Crib and Pack & Play in the home |
| Early Care |  |  | Parent has concerns about attachment with infant |
| Nutrition |  |  | Bottle Feeding - Enfamil |

**Needs of other children in the home:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Past Engagement** | **Currently Engaged** | **Needs Referral?** | **Who is providing service?** | **Date of last appointment** | **Confirmed** |
| **Primary Physician** | **YN** | **YN** | **YN** | Dr. Littleton | Unknown | **YN** |
| **Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |
| **Early Intervention Specialist** | **YN** | **YN** | **YN** |  |  | **YN** |

**Needs of the Pregnant/Parenting Individual:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Currently Engaged** | **Needs Referral?** | **Who is providing service?** | **Date of last appointment** | **Confirmed** |
| **Medical** | **YN** | **YN** |  |  | **YN** |
| **Mental Health** | **YN** | **YN** | Psychiatric Plus | 12.29.22 | **YN** |
| **SUD** | **YN** | **YN** |  |  | **YN** |
| **Medication Management** | **YN** | **YN** | Psychiatric Plus | 11.18.22 | **YN** |
| **Mother-child Bonding** | **YN** | **YN** |  |  | **YN** |
| **Breastfeeding** | **YN** | **YN** |  |  | **YN** |
| **Parenting Support** | **YN** | **YN** |  |  | **YN** |
| **Family Support** | **YN** | **YN** |  |  | **YN** |
| **Case Management** | **YN** | **YN** | Psychiatric Plus | 12.29.22 | **YN** |
| **Childcare** | **YN** | **YN** |  |  | **YN** |
| **Benefits Eligibility Determination** | **YN** | **YN** |  |  | **YN** |
| **Housing** | **YN** | **YN** |  |  | **YN** |
| **Employment** | **YN** | **YN** | Corner Restaurant | N/A | **YN** |
| **Transportation** | **YN** | **YN** | Parent Drives | N/A | **YN** |
| **Support Network** | **YN** | **YN** |  |  | **YN** |
| **Recovery Support** | **YN** | **YN** |  |  | **YN** |
| **Domestic Violence Support** | **YN** | **YN** |  |  | **YN** |
| **Family Planning (contraception)** | **YN** | **YN** |  |  | **YN** |

**Needs of Secondary Caregiver:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Currently Engaged** | **Needs Referral?** | **Who is providing services?** | **Date of last appointment** | **Confirmed** |
| **Medical** | **YN** | **YN** |  |  | **YN** |
| **Mental Health** | **YN** | **YN** |  |  | **YN** |
| **SUD** | **YN** | **YN** |  |  | **YN** |
| **Medication Management** | **YN** | **YN** |  |  | **YN** |
| **Parenting Skills** | **YN** | **YN** |  |  | **YN** |
| **Benefits Eligibility Determination** | **YN** | **YN** |  |  | **YN** |
| **Employment** | **YN** | **YN** | Lovely Laundry | N/A | **YN** |
| **Housing** | **YN** | **YN** |  |  | **YN** |
| **Transportation** | **YN** | **YN** | Caregiver Drives |  | **YN** |

**Follow-up Roles and Responsibilities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Provider** | **Date** | **Notes** |
| Early Intervention Services | LCBDD | 1.18.23 | Parent left a message for intake |
| Medical Services | ABD Family Practice | 2.18.23 | Upcoming appointment for Suzy |
| Addiction Services | Brightview | 2.20.23 | Intake for both Suzy and Johnny |
| Childcare | LCJFS | 1.18.23 | Parent applied online |
|  |  |  |  |

**Plan of Safe Care Coordination Participant Signatures:**

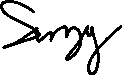


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**Signatures of Pregnant/Parenting Individual/Caregiver(s):**



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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