



### Individual Family Service Coordination Plan

Family: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Development Date: \_\_\_\_\_

IFSCP Amendment Dates: \_\_\_\_\_  
\_\_\_\_\_

<b>Team Members:</b>
<b>Mission Statement:</b>

<b>Needs:</b> Short Term Goal #___	<b>Matching Strengths:</b>
<b>Plan for Action/Solution – Responsible Team Member</b>	
<b>Ways To Monitor Results:</b>	<b>Resources Needed:</b>

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<b>Ways To Monitor Results:</b> •	<b>Resources Needed:</b>
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<b>Needs:</b>  <b>Short Term Goal #</b> ___ .	<b>Matching Strengths:</b>
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<b>Plan for Action/Solution - Responsible Team Member</b> •
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<b>Ways To Monitor Results:</b> •	<b>Resources Needed:</b>
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**Comments:** \_\_\_\_\_

### Individual Family Service Coordination Plan Signature Page

The following members of the Child and Family Team agree to the following:

1. We agree with the content of this plan.
2. We agree that all non-emergency out-of-home placements of children receiving care in this plan will occur only after a comprehensive Family Coordination Team meeting has occurred.
3. We agree that in the event of an emergency out-of-home placement of a child receiving care in this plan, the family will immediately notify the Service Coordinator and the Service Coordinator will initiate a comprehensive Family Coordination Team meeting within 10 days in order to ensure community supports are in place for the family and begin planning for the child's return to the home and community.

Parent/Guardian Signature	Relationship to Child	Date
Parent/Guardian Signature	Relationship to Child	Date
Service Coordinator Signature	Agency	Date

_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date
_____	_____	_____
Team Member Signature	Agency	Date