



Knox County FCFC

117 East High Street, 4th Floor

Mount Vernon, OH 43050

Knox_FCFC@jfs.ohio.gov

PLAN OF CARE

PLEASE TYPE

Family Name: _____

Date: _____

Identified Youth Name: _____

Service Coordinator: _____

FAMILY TEAM MEMBERS

Name	Agency / Family Role

FAMILY VISION STATEMENT

TEAM MISSION STATEMENT

YOUTH STRENGTHS

FAMILY STRENGTHS

TEAM STRENGTHS

CHANGES THAT MAY IMPACT GOALS

☐ Service Coordination☐ Wraparound**FAMILY GOALS**

GOAL DESCRIPTION #1:		
Start Date: _____	Planned Accomplish Date: _____	<input type="checkbox"/> Completed
Action Steps: <i>(include resources needed)</i>	<div style="border: 1px solid black; padding: 2px;">1.</div> <div style="border: 1px solid black; padding: 2px;">2.</div> <div style="border: 1px solid black; padding: 2px;">3.</div>	
Method to Monitor Results: _____		
GOAL DESCRIPTION #2:		
Start Date: _____	Planned Accomplish Date: _____	<input type="checkbox"/> Completed
Action Steps: <i>(include resources needed)</i>	<div style="border: 1px solid black; padding: 2px;">1.</div> <div style="border: 1px solid black; padding: 2px;">2.</div> <div style="border: 1px solid black; padding: 2px;">3.</div>	
Method to Monitor Results: _____		
GOAL DESCRIPTION #3:		
Start Date: _____	Planned Accomplish Date: _____	<input type="checkbox"/> Completed
Action Steps: <i>(include resources needed)</i>	<div style="border: 1px solid black; padding: 2px;">1.</div> <div style="border: 1px solid black; padding: 2px;">2.</div> <div style="border: 1px solid black; padding: 2px;">3.</div>	
Method to Monitor Results: _____		

NEXT FAMILY TEAM MEETING	DATE: _____	TIME: _____
LOCATION: _____		

Identified Youth *(if over 18)* or
 Parent/Guardian Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

For Service Coordinators Use:
ROI Expiration Date: _____ Date of most recent CANS: _____ Next POC Due: _____
Team Meeting Dates (past three months): _____
<input type="checkbox"/> Check here to verify Family Safety Plan is current and/or updated
FAMILY'S CURRENT LEVEL OF ENGAGEMENT <input type="checkbox"/> Responsive <i>(Family is participating in team meetings and weekly contacts)</i> <input type="checkbox"/> Present Engagement <i>(Family is participating half of the time in program requirements)</i> <input type="checkbox"/> Non-Responsive <i>(Family is participating in some requirements, not actively working on goals)</i> <input type="checkbox"/> Unwilling/Unengaged <i>(After reasonable engagement efforts, family refuses support & doesn't follow through with program requirements)</i>
Notes: