DSHS
WASHINGTON STATE Department of Social and Health Services

Development Disabilities Administration (DDA)

# Child and Family Engagement Plan

| Plan Effective Date<br>☐ New ☐ Renew |
|---|
| End Date |

| Child / Youth's Legal Name | ADSA ID Number |
|---|---|
| Child / Youth's Residence City State Zip Code | |

| | Name | Telephone Number (Home, Work, Cell) |
|---|---|---|
| Parent / Legal Guardian | | |
| Parent / Legal Guardian | | |
| Licensed or Certified Provider | | |
| Emergency Contact | | |
| Doctor | | |
| Dentist | | |
| Specialist | | |
| School IEP / 504 Contact's | | |
| Representative Payee | | |
| **Significant Others (Family, Friends, and Neighbors)** | **Relationship to Child** | **Telephone Number (Home, Work, Cell)** |
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Community Agencies and Formal Supports (i.e., WISE, Mental Health Provider, and/or ABA Provider)

Informal Community Agencies (i.e., Church / YMCA, Recreation Center)

School: What is the typical school schedule, who is the primary contact for the school, and IEP/504 contact person)

Are there areas of your child's care you would like to see a focus on? How does this relate to your child's future goals / vision?

What is your vision for the first three months, six months, and year?

**Care Plan (Daily Routine, Night-time Schedules, Care Preferences)**

**Technology Access Plan**

What technology, if any, does the client currently have access to? Please include any apps they use, including camera / video.

Will your child be bringing any technology when they transition into OHS services? ☐ Yes ☐ No
If yes, please identify the technology, including apps, games, etc. If your youth has access to a cellphone, please include cellphone number.

When will your youth be able to access technology (i.e., after homework is complete, until 8pm?)

How will the youth be supported to communicate with friends outside of school?

If contacts need to be approved by the client's legal representative, how will this be accomplished?

What level of oversight does the client currently require when engaging with technology (i.e.. line of sight, proximity, daily device checks)?

Are there any restrictions on technology usage (i.e., types of video games, web access)?
☐ Yes ☐ No

If there are restrictions, please outline what the restriction is and what technology it is being applied to. Including when, where, and how the restriction is to be implemented. Please note that all restrictions must be documented in the modification screen in CARE and addressed in the PBSP.

Are the restrictions similar between home and community? ☐ Yes ☐ No
If no, please outline the differences between the two settings.

Please identify the concerns that interfere with successful and unrestricted use of technology?

What is the plan if the client does not follow technology expectations?

What type of internet / technology education will you and the OHS provider support your child to access?

If there is a restriction, how could your child's technology restriction be ended?

Please outline desired technology goals

☐ Client ☐ Legal Representative have received a copy of the programs technology usage policy

**Medical Appointments (Scheduling, Transportation, Communication)**

Medical Consent form signed? ☐ Yes ☐ No

**Financial Planning***

Does the provider assist in managing any portion of the client's funds? ☐ Yes ☐ No
Does the client require supports to acquire money management skills? ☐ Yes ☐ No

* Parents remain responsible for routine, typical costs of children, i.e. clothing, school supplies, etc.

Has a Representative Payee been selected (one time only): ☐ Yes ☐ No
If no, please provide date by which this task will be completed:

Supplemental Security Income (SSI) application filed? (One time only) ☐ Yes ☐ No
If yes, date filed:
If no, please provide date by which this task will be completed:

Guardianship Dates: to

## Cultural Considerations / Occasions

Does the youth and/or family have important cultural considerations or spiritual preferences (holidays, birthdays, other cultural / spiritual occasions) that should be supported by their provider?
☐ Yes ☐ No
If yes, please describe:

Birthdays: How does the youth and/or family celebrate birthdays?

Holidays: What holidays are of importance to the youth and/or family?

Summer Break: Does the youth typically attend a summer program or other summer activities?

Vacation Plans:

Other:

## Family Participation Plans

How will the family maintain participation in their youth's life?

Does the certified provider need to provide assistance with family visit plans?

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|---|---|
| I will visit my child times / month in the following settings: OHS Facility, community, or in family home. | |
| As the parent / guardian of my child, I agree to the terms outlined above and will notify my child's DDA social service specialist and provider if changes occur. This form can be updated and revised as needed. | |
| Signature of Parent / Guardian | Date |
| Signature of Certified Provider | Date |

**Family Engagement Plan Instructions**

This form should be completed within 45 days of entry into Out of Home Services. The parent, DDD Social Worker, and staffed residential agency / foster parent should all attend the Family Engagement plan meeting. Parents should be given this form prior to the child moving into placement.

Plan Effective Date: The effective date of the plan is the date the form is signed. The form should be reviewed during the time of the annual assessment as well as updated as needed during the 90-day visits.

ADSA ID Number: System generated number when client record is established.

End Date: 364 days from the plan effective date.

Child / Youth's Residence: Location of the licensed or certified residence.

Doctor / Dentist: Current doctor (Primary Care Physician) and dentist contact information.

School: School name and number where child's licensed or certified residence is located.

Significant Others: All people who are involved in the child / youth's life that have parental/guardian consent to contact or visit the child.

Community Agencies and Formal Supports: Outline what the plan is for providing these supports and how that is going to occur (e.g., Parent will be responsible for renewing the medical coupon annually).

Informal Community Agencies: Outline what the plan is for providing these supports and how that is going to occur (e.g. Foster parent will transport child to the YMCA every Tuesday evening from 6-8pm).

School: Outline who will be coordinating school services, how the parent will be involved, attendance at the Individualized Education Program (IEP) meetings, after-school programs, extracurricular activities, etc. Also include information regarding a typical school schedule. If the child is not currently enrolled in the school district where he/she is receiving Out of Home Services, include child's current school contact information and how the transfer of records will occur (if applicable).

Areas of Focus and Future Goals: This is an opportunity for the child and family to discuss habilitative goals with the provider and where they would like to focus supports.

Vision for the first three months, six months, and year: Expectations around what the family and youth are hoping to receive while in an Out of Home Services setting. Include goals, dreams, and desires that the family has for their child, or those that the child may want to achieve.

Care Plan: Include information such as clothing preferences, personal care routine, nail and hair grooming routines, cultural preferences, bed-time routines, etc.

Medical Appointments: Outline who will be attending, transporting, communicating, and delineating the Family Engagement plan with regard to medical appointments.

Financial Plan: Outline how the child / youth's financial needs will be met. Indicate who will serve as the Representative Payee. Describe parent decisions and plans about the child / youth's finances, i.e., establishing an ABLE trust account, burial account, child / youth allowance, child support, etc. Discuss child's obligation regarding room and board in the form of "Client Participation" costs. SSI Application: Provide date on which SSI application was filed. This will only need to occur one time. If this step has not been completed, please include the date this task will be accomplished by the parent.

Family Participation Plan: Outline how the family will participate in their youth's life. Includes the plan for visits to the residence, meeting in the community, written communication, and telephone calls, etc. If the provider will assist with these visits and contacts, describe what assistance will be given, i.e., providing transportation, providing staff during certain contacts, etc.