

## CHILDREN'S ADMINISTRATION Caregiver Support Plan

NAME OF MEDICALLY FRAGILE CHILD OR YOUTH	PERSON ID	DATE OF BIRTH	DATE PLAN CREATED
NAME OF CAREGIVER	PRIMARY MEDICAL PROVIDER NAME		PHONE NUMBER

**This plan is developed to assist the caregiver in meeting the day to day needs of the child as well as establish a plan for emergency situations.**

What are the child's specific health needs?

What services are in place to meet the child's needs (example: Medicaid Personal Care or nursing through the Medically Intensive Children's Program)?

Describe the plan for respite care (Who are the providers able to care for the child? ,How often is respite authorized and for what length of time?

Emergency Respite Plan. If the caregiver becomes unable to care for the child / youth, what is the plan to ensure the child's safety and well-being?

### Primary Caregiver Training and Support Needs

DISTRIBUTION: Original – Child / Youth's Case File    Copies: Caregiver(s), DLR Licensor

What training does the caregiver need in order to provide for the specific health needs of this child?

Training specific to the medical needs of the child must be completed prior to placement.

Completion Date: \_\_\_\_\_ Training provided by: \_\_\_\_\_

**Secondary / Respite Caregiver Training and Support Needs**

Training specific to the medical needs of the child must be completed prior to placement.

Completion Date: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Respite provider's name: \_\_\_\_\_

ADDITIONAL SUPPORT AND TRAINING NEEDS

Note: Attach all known/available medical history and information to this form. For example: the PRISM Health Report, Fostering Well-Being Care Coordination Summary, FamLink Health and Education report, etc.

ADDITIONAL COMMENTS REGARDING TRAINING

**This plan must be developed, reviewed and agreed upon with the child / youth's caregiver. By signing this form, the caregiver is agreeing with the plan that has been developed and to follow the plan to the best of their ability. A signed copy shall be given to the caregiver and the original placed in the child/youth's case file.**

SOCIAL WORKER	SIGNATURE	DATE
CAREGIVER (PRIMARY)	SIGNATURE	DATE
CAREGIVER (SECONDARY)	SIGNATURE	DATE
DLR LICENSOR	SIGNATURE	DATE

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