



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Shared Parenting Plan

PLAN EFFECTIVE DATE	END DATE
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CHILD / YOUTH'S LEGAL NAME	ADSA ID NUMBER
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CHILD / YOUTH'S RESIDENCE	CITY	STATE	ZIP CODE
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	Name	Telephone Number (Home, Work, Cell)
Parent/Legal Guardian		
Licensed Provider		
Emergency Contact		
Doctor		
Dentist		
School		
Representative Payee		
Significant Others (Family, Friends and Neighbors)	Relationship to Child	Telephone Number (Home, Work, Cell)

COMMUNITY AGENCIES AND FORMAL SUPPORTS

INFORMAL COMMUNITY AGENCIES (CHURCH / YMCA / RECREATION CENTER)

SCHOOL

CHILD / YOUTH QUESTIONS, CONCERNS, OR REQUESTS

NEEDS / CONCERNS OF FAMILY: WHAT WORRIES YOU? WHAT DO YOU NEED?

NEEDS / CONCERNS OF LICENSED PROVIDER: WHAT WORRIES YOU? WHAT DO YOU NEED?

VISION FOR THE FUTURE

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

Medical Appointments (Transportation, Decisions, Communication)

Medical Consent form signed? Yes No

Financial Plan

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:

Holiday Schedule / Special Occasions

How are holidays / special occasions celebrated and what is the plan for those to continue:

Birthdays:

Holidays:

Summer Break:

School Break:

Vacation Plans:

Other:

Family Home Visit Plans (What is the plan and how will the licensed provider be involved with home visits?)

How will the family maintain participation in their son's / daughter's life?

What is the planned visitation schedule?

I will visit my child in their licensed placement times / month.

As the parent / guardian of my child, I agree to the terms outlined above and will notify my child's DDD social worker and provider if changes occur. This form can be updated and revised as needed.

SIGNATURE OF PARENT / GUARDIAN	DATE
SIGNATURE OF LICENSED PROVIDER	DATE
SIGNATURE OF SOCIAL WORKER	DATE

Shared Parenting Plan Instructions

This form should be completed within 45 days of the child being placed. The parent, DDD Social Worker, and staffed residential agency/foster parent should all attend the shared parenting 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 social worker signs the form. 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 placement address.

Doctor/Dentist

Current doctor (Primary Care Physician) and dentist contact information.

School

School name and number where child's residential placement is located.

Significant Others

All people who are involved in the child/youth's life that have parental/guardian consent to 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). Include Infant, Toddler, Early Intervention Program (ITEIP) services for children aged birth to three years old.

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. If the child is not currently enrolled in the school district where his/her residential placement is located, include child's current school contact information and how the transfer of records will occur (if applicable).

Child / Youth Questions, Concerns, or Requests

This is an opportunity for the child to discuss their fears, concerns, or excitement about the placement.

Vision for the Future

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 shared parenting plan with regard to medical appointments.

Financial Plan

Include representative payee information and parent decisions about establishing trust account, burial account, child/youth allowance, child support, etc. Discuss child's participation for room and board, clothing, and personal incidentals. 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.

Home Visit Plan

Outline how visits to the child's family home will occur, how often, who will provide transportation, etc.