

## FAMILY INTERACTION PLAN

**Background information** (to be completed prior to or at initial family team meeting):

Name: \_\_\_\_\_ State ID#: \_\_\_\_\_

Placement date for children: \_\_\_\_\_ Placed with: \_\_\_\_\_

Why was the child(ren) removed from the home: \_\_\_\_\_

**Threats of harm requiring interaction be monitored:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Initial Phase of Family Interaction	Central Phase of Family Interaction	Reunification
<p><b><u>Timeframe:</u></b> Typically 4-8 weeks depending on safety concerns</p> <p><b><u>Goals:</u></b> To maintain ties, natural interactions, assess parent's capacity to provide safe parenting</p> <p><b><u>Supervision level:</u></b> May vary based on safety concerns.</p>	<p><b><u>Timeframe:</u></b> Typically 2-6 months, depending on safety concerns</p> <p><b><u>Goals:</u></b> Interactions are more frequent and for longer periods of time</p> <p><b><u>Supervision level:</u></b> Semi/partially supervised</p>	<p><b><u>Goals:</u></b> to transition home, maximize interactions</p> <p><b><u>Supervision Level:</u></b> Unsupervised May use phone calls to check in</p>

**Terms of the family interaction** (to be completed at initial family team meeting)

Date of initial plan/team meeting: \_\_\_\_\_ Follow-up meeting to assess plan date: \_\_\_\_\_

Frequency and length of interactions: (Based on the developmental needs of the child and safety concerns)

\_\_\_\_\_

\_\_\_\_\_

Location of interactions: (*consider most homelike, least restrictive settings first*): \_\_\_\_\_

Who is available to assist with transportation to and from interactions: \_\_\_\_\_

\_\_\_\_\_

Behaviors which will terminate a family interaction: \_\_\_\_\_

\_\_\_\_\_

Who will supervise interactions: (*family resources and the entire family team should be considered*) \_\_\_\_\_

\_\_\_\_\_

Interaction participants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals to be accomplished during this phase of family interaction: (*progress reviewed at 4-6 week follow-up meeting*)

Parent will: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We participated in the development of this plan and agree with this plan:

Parent	Parent
DHS worker	FSRP staff
Resource Parent	Relative Support
Other	Other
Other	Other
Other	Other