# **Family Contact Feedback**

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| --- | --- |
| **Client Last Name(s)**:  **Family Contact Facilitator:**        **Caseworker:** | **Date:**  **Start time:**        **End time:**  **Location:** |
| **List who attended family contact:**   |  | | --- | | **Medicaid | Home-Based Family Treatment Services:** |   Home Based Family Treatment Services – Level 1  Home Based Family Treatment Services – Level 2  Home-Based Family Treatment Services – Level 3  Does not apply to this family contact event | |

# **Goals**

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| --- |
| **Current OCS Permanency Goal:** |

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| --- |
| **Parent Identified Contact Priorities:** |

# **Pre-contact check in**

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| --- |
| **Identified Protective Factors/Strengths:** |

|  |  |  |
| --- | --- | --- |
| **Selected Resiliency Activity type (select one):** | | |
| Structured | Parent Planned | Open-Ended |

|  |
| --- |
| **Resiliency activity description/title and link to *Parent Priorities*:** |

|  |
| --- |
| **Parent Requested Support Strategies:** |

**Parent worries & how contact facilitator can help:**

**Select type(s) of support parent requested:**

|  |  |  |
| --- | --- | --- |
| Reflection  Problem Solving  Caregiver practice with feedback  Guided practice with feedback | Demonstration  Modeling  Joint Interactions | Observation  Information Sharing  Conversation |

# **Family Contact Routine**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Contact Plan Level of Supervision Provided (select one)**: | | | |
| Unsupervised | Supported | Supervised | Guided |
| **Greeting:** | | | |

**Identified Protective Factors | Strengths | Supports Offered:**

|  |
| --- |
| **Family Circle:** |

**Identified Protective Factors | Strengths | Supports Offered:**

|  |
| --- |
| **Resiliency Activity:** |

**Identified Protective Factors | Strengths | Supports Offered:**

|  |
| --- |
| **Snack-if applicable:** |

**Identified Protective Factors | Strengths | Supports Offered:**

|  |
| --- |
| **Clean Up** |

**Identified Protective Factors | Strengths | Supports Offered:**

|  |
| --- |
| **Transition:** |

**Identified Protective Factors | Strengths | Supports Offered:**

# **Post Contact Check In-Parent Reflection**

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| --- |
| **What went well?** |

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| --- |
| **What was difficult?** |

|  |
| --- |
| **Considerations for Next Agency Facilitated Contact:** |

|  |
| --- |
| **Considerations for Upcoming Non-Agency Facilitated Contact:** |

# **Future Planning:**

|  |
| --- |
| **Family Contact Plan Review** |

**Review & Update Parent Priorities:**

|  |
| --- |
| **Upcoming Special Events** |

**Identify and Plan:**

|  |
| --- |
| **Contacts have occurred in a structured and protected environment and should not be used in isolation when assessing the appropriateness of future access or custody arrangements.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Signature:** |  | **Date:** |  |