# **Family Contact Feedback**

|  |  |
| --- | --- |
| **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**

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

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

# **Pre-contact check in**

|  |
| --- |
| **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**

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

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