

# My Family Care Plan

(Also referred to as Plan of Supportive Care or Plan of Safe Care)



## I. INTRODUCTION

This Plan helps you keep track of the services you are using, and to find new services and programs. Create your plan with the help of people on your care team. Your plan should be started during pregnancy, and is required to be completed after the birth of your baby. For an electronic version of this form, visit: <https://todayisfor.me/wp-content/uploads/2023/10/family-care-plan-3-overview-template.pdf>

## II. DEMOGRAPHIC INFORMATION

Name of Birthing Parent:	Birthing Parent's Medical Providers:
Name of Co-parent:	Infant's Medical Providers:
Name of Infant:	Birthing Parent's Admission Date:
Name of Other Caregiver (if relevant):	Birthing Parent's Discharge Date:
Infant's DOB:	Infant's Discharge Date:
Birthing Parent's Phone Number:	Co-Parent's Phone Number:
Birthing Parent's Health Insurance:	Other Caregiver's Phone Number:
Current Address:	

## III. CURRENT SUPPORTS (such as partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

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## IV. STRENGTHS AND GOALS (What matters to you? Breastfeeding, parenting, housing, smoking cessation, recovery?)

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## V. HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age

Name	Relationship to Infant	Age

## VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name:	Relationship to Infant:	Phone Number:

## VII. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE BIRTHING PARENT?

Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

## VIII. NOTES: What else would be helpful to you and your family? (please time/date entries)

## IX. SERVICES, SUPPORTS and NEW REFERRALS

	Discussed	Active	Referred	Organization/Contact Name/Phone Number
Consents signed for exchange of PHI				
<b>Health Insurance</b>				
Commercial Insurance				
Medicaid				AmeriHealth Caritas Bright Start Program 1-833-704-1177 NH Healthy Families Smart Start for Babies 1-866-769-3085 Well Sense Health Plan Sunny Start Program 1-855-833-8119
Uninsured / Enrolled in Insurance				
<b>Financial Assistance</b>				
Women, Infants, and Children Program (WIC)				
Temporary Assistance for Needy Families (TANF)				
<b>Family Supports</b>				
Early Supports and Services (FCESS)				
Visiting Nurse Association (VNA)				
Family Resource Center (FRC)				
Home Visiting for Families				
Division for Children, Youth and Families				

<i>Other Healthcare Services</i>				
Lactation Services				
Family Planning				
Parenting Classes				
Safe Sleep Education				
Breastfeeding Education				
Substance Use Education				
<i>Crisis Supports</i>				
NH Legal Assistance				
Safety Advocacy				
Probation/Parole				
<i>Treatment &amp; Recovery</i>				
Mental Health Services				
Alcohol/Drug Treatment				
Drug Court				
Medication for Substance Use Disorder				
Smoking Cessation				
Naloxone (Narcan)				
Recovery Coaching				
Meetings				
<i>Other Supports</i>				
Transportation				
Housing				
Childcare				

### **X. PARENT/CAREGIVER SIGNATURE**

I have a copy of my Family Care Plan. I will share my Plan with my baby's primary care provider, and I will call \_\_\_\_\_ if I have any questions about following up with the services and supports listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **XI. STAFF SIGNATURE**

I, \_\_\_\_\_ provided \_\_\_\_\_ with the Family Care Plan upon discharge.

*This form complies with NH RSA 132:10-e and NH RSA 132:10-f.*