

**STATE OF MARYLAND - IN-HOME FAMILY SERVICES PROGRAM  
FAMILY SERVICE PLAN**

**Case Head:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_ **Date of Plan:** 00/00/0000

**Purpose:** A written agreement with the family to ensure the safety of the child(ren), reduce the risk of future harm to the child(ren), improve family functioning in order to promote safety, permanence, child well-being, and to prevent the child(ren) from entering out-of-home placement.

**I. GOAL**

**II. OBJECTIVES**

What needs to be changed and by whom to meet the goal. There should only be one objective per service plan.

Objective	Date of Review	Achieved Date	Objective Status
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**III. TASK- FAMILY MEMBER (S)**

Should be specific, measurable, and consistent with court orders and with objectives in II above.

Task	Family Member	Completion Date	Task Idea
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**IV. TASKS- IN HOME FAMILY SERVICES**

Completed by worker, aide or associate.

Task	Worker/Aid/Associate	Completion Date
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**V. AGREEMENT**

Sign below to signify agreement with the Family Service Plan. This plan will be reviewed during regular visits. If you do not agree with this action or decision, please call the worker whose name is below. He or she can explain the basis for the action or decision the action or decision above and your right to appeal.

FAMILY MEMBER	DATE SIGNED
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FAMILY MEMBER	DATE SIGNED
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WORKER'S NAME	TELEPHONE NUMBER	REQUEST DATE
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CASE ASSOCIATE'S NAME	TELEPHONE NUMBER
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SUPERVISOR'S NAME	TELEPHONE NUMBER	APPROVAL DATE
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