

**KINSHIP NAVIGATOR PROGRAM**

**KINSHIP CARE PLAN**

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| --- | --- | --- | --- |
| Child Name |       | DHS Worker Name |       |
| County |       | Referral Date |       |
| State ID |       | Kinship Care Plan Date |       |
| FACS ID |       |  |  |
| Date Kinship Care Plan/Kinship Care Plan was provided to DHS Worker  |       |
| Date Kinship Care Plan/Kinship Care Plan was provided to the Kinship Caregivers  |       |
| Author of Kinship Care Plan – Kinship Specialist Name |       |
|  |  |
| Identified Needs of Kinship Caregivers |       |
| Strategies and Assessment Tools utilized to Identify Needs |       |

**Goals/Outcomes**

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| --- | --- | --- |
| **Goal 1:**      | Modification Date: | Completion Date: |
| Kinship Care Plan Objective:      |       |       |
| Kinship Care Objective:      |       |       |
| Interventions/Strategies Utilized:      |       |       |
| Resources/Supports Utilized:      |       |       |
| Outcome Progress:      |       |       |
| Community Resources Engaged [ ]  Yes [ ]  No If yes, identify community resources: |       |
| **Goal 2:**      | Modification Date: | Completion Date: |
| Kinship Care Plan Objective:      |       |       |
| Kinship Care Objective:      |       |       |
| Interventions/Strategies Utilized:      |       |       |
| Resources/Supports Utilized:      |       |       |
| Outcome Progress:      |       |       |
| Community Resources Engaged [ ]  Yes [ ]  No If yes, identify community resources: |       |
| **Goal 3:**      | Modification Date: | Completion Date: |
| Kinship Care Plan Objective:      |       |       |
| Kinship Care Objective:      |       |       |
| Interventions/Strategies Utilized:      |       |       |
| Resources/Supports Utilized:      |       |       |
| Outcome Progress:      |       |       |
| Community Resources Engaged [ ]  Yes [ ]  No If yes, identify community resources: |       |

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| Concrete Goods, Tangible Items, Gift Cards Expended | [ ]  YES [ ]  NO  If yes, document amount and purpose  | **Amount $** **Purpose:** |
| Receipt of Goods, Items, Cards  | Kinship Caregiver Signature: | Date of Receipt of Goods, Items, Cards:       |

Eco Map completed with Kinship Caregivers and provided to the Kinship Caregivers. [ ]  Yes [ ]  No

Date provided:

**Is there a written Family Interaction Plan developed?** [ ]  YES [ ]  NO Date of Plan:

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| --- |
| Role of Kinship Caregiver in supporting the Family Interaction Plan:       |
| The below is an additional monthly assessment regarding the family by utilizing the evidenced-based North Carolina Family Functional Assessment scale. Each of the following scales is used to determine how a family is functioning. They also may be important to the level of imminent risk of out-of-home placement for this family in the context of the family strengths and needs. For each scale, rate its influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2=Clear Strength; +1=Mild Strength; 0=Baseline/Adequate; -1=Mild Problem; -2= Moderate Problem; and -3=Serious Problem.**Environment:** **Parental Capabilities:** **Family Interactions:** **Family Safety:**  **Child Well –Being:** **Social/Community Life:** **Self-Sufficiency:** **Family Health:** **Caregiver/Child Ambivalence:** **Readiness for Reunification:** |