

**Fresno County Birth to Six Initiative
Individual Care Plan**

Meeting Date: _____ Child's Name: _____

Facilitator: _____

Meeting Agenda:

1. Discuss assessment and recommendations;
2. Discuss a plan for implementation of recommendations;
3. Agree on roles and responsibilities;
4. Special issues;
5. Discuss communication;
6. Other issues and concerns; and
7. Set date for next meeting

Total time for all activities for

Foster parent: _____

Bio-parent: _____

Special issues that the parent will be consulted about (e.g. religion, grooming, etc.)?

How communication will be handled on these issues.

Medical Care, Mental Health, Special Services

Provider and purpose						
Who is responsible for making/keeping appointment						
When/How frequent/ How arranged or changed?						
Location						
Foster parents responsibilities						
Time required for foster parents						
Bio parents responsibilities						
Time required for bio parents						
Caseworker's responsibilities						

Education

Program			
How enrolled			
Purpose			
How frequent			
Location			
Foster parents responsibilities			
Time required for foster parents			
Bio parents responsibilities			
Time required for bio parents			
Caseworker's responsibilities			

Other issues/Comments/ Upcoming Events			
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Visitation			
How frequent and with whom (Parents, sibs, etc.)			
Where/Transportation			
When			
How arranged or changed			
Foster parents responsibilities			
Time required for foster parents			
Bio parents responsibilities			
Time required for bio parents			

Caseworker's responsibilities			
Special Considerations			

Other Activities (Social Activities, Religious Activities, Recreational/Enrichment Activities)			
Activity Type			
When/How Frequent			
How Arranged or Changed			
Where			
Foster parents responsibilities			
Time required for foster parents			
Bio parents responsibilities			
Time required for bio parents			

Caseworker's responsibilities			
Special Considerations			

Foster Parent: _____ (Print) _____ (Sign)

Bio Parent: _____ (Print) _____ (Sign)

Case Worker: _____ (Print) _____ (Sign)