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| State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Caregiver Support Plan** | | | |
| NAME OF MEDICALLY FRAGILE CHILD OR YOUTH | PERSON ID | DATE OF BIRTH | DATE PLAN CREATED |
| NAME OF CAREGIVER | PRIMARY MEDICAL PROVIDER NAME | | PHONE NUMBER |
| **This plan is developed to assist the caregiver in meeting the day to day needs of the child as well as establish a plan for emergency situations.** | | | |
| What are the child’s specific health needs? | | | |
| What services are in place to meet the child’s needs (example: Medicaid Personal Care or nursing through the Medically Intensive Children’s Program)? | | | |
| Describe the plan for respite care (Who are the providers able to care for the child? How often is respite authorized and for what length of time? | | | |
| Emergency Respite Plan. If the caregiver becomes unable to care for the child / youth, what is the plan to ensure the child’s safety and well-being? | | | |

**DISTRIBUTION: Original – Child / Youth’s Case File Copies: Caregiver(s), LD Licensor**

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| **Primary Caregiver Training and Support Needs** | | | |
| What training does the caregiver need in order to provide for the specific health needs of this child? | | | |
| Training specific to the medical needs of the child must be completed prior to placement. | | | |
| COMPLETION DATE | | TRAINING PROVIDED BY | |
| **Secondary / Respite Caregiver Training and Support Needs** | | | |
| Training specific to the medical needs of the child must be completed prior to placement. | | | |
| COMPLETION DATE | | | |
| TRAINING PROVIDED BY | | | |
| RESPITE PROVIDER’S NAME | | | |
| ADDITIONAL SUPPORT AND TRAINING NEEDS | | | |
| Note: Attach all known/available medical history and information to this form. For example: the PRISM Health Report, Fostering Well-Being Care Coordination Summary, FamLink Health and Education report, etc | | | |
| ADDITIONAL COMMENTS REGARDING TRAINING | | | |
| **This plan must be developed, reviewed and agreed upon with the child / youth’s caregiver. By signing this form, the caregiver is agreeing with the plan that has been developed and to follow the plan to the best of their ability. A signed copy shall be given to the caregiver and the original placed in the child/youth’s case fil**e. | | | |
| CASE WORKER | SIGNATURE | | DATE |
| CAREGIVER (PRIMARY) | SIGNATURE | | DATE |
| CAREGIVER (SECONDARY) | SIGNATURE | | DATE |
| LD LICENSOR | SIGNATURE | | DATE |