



**Family Support Plan**

**Child & Family Supports**

<p><b>Primary Caregiver</b>          Name (Relation to child)          Address          City, State ZIP CODE</p>		
<p><b>Backup Caregiver</b>          Name (Relation to child)           Name (Relation to child)</p>		
<p><b>Natural Supports for Child &amp; Relative/Kin Resource Provider</b></p>		
<p><b>Name, Relationship to Child, &amp; Contact Information</b></p>	<p><b>Types of Support</b></p>	<p><b>Details of Support &amp; Involvement</b></p>
<p><i>Note: Please make sure to include the individual's name, relationship to the child, and address/phone.</i></p>	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/communication with youth <input type="checkbox"/> Mentor for youth <input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite Care/Childcare <input type="checkbox"/> Transportation Support	<p><i>Note: This portion of the Roadmap is designed for the family. Please include <b>specifics</b> on how this person will or would like to support the child and/or the caregiver (i.e. can provide childcare on weekends; can assist with transportation from school on M, W, F; can facilitate sibling visits on weeknights; is available for emotional support to aunt; can have the child visit in their home overnights on weekends)</i></p>
	<input type="checkbox"/> Community activities & visits <input type="checkbox"/> Phone conversations & other communication <input type="checkbox"/> Mentor for youth <input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite Care/Childcare <input type="checkbox"/> Transportation Support	
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## Community Supports for Child & Relative/Kin Resource Provider

Name & Contact Information	Details of Support & Involvement
Church, Community Center, YMCA, etc.	
Resource Parent In-Service Training & Resource Parent Support Groups	

## Formal Supports & Team Members

Role	Name & Contact Information
Guardian ad Litem (GAL)	
Court Appointed Special Advocate (CASA)	
Doctor	
Dentist	
Other Medical Providers	
Medicaid Enrollment Plan Information	
Help Me Grow	
WIC and Nutrition Services	
Head Start	
Parents as Teachers	
Childcare Services	
School/Educational Setting	Name of School District Name of School School Address & Contact Info
Transportation to Home School	Details of transportation plan:
Individual Therapy	
Psychiatric Services	
Department of Mental Health (DMH)	
Clothing Resources	
Chaffee Services	

## Other Important Phone Numbers

<b>Fire Department</b>	<b>Emergency: 911</b>
<b>Police Department</b>	<b>Emergency: 911</b>
<b>Ambulance</b>	<b>Emergency: 911</b>
<b>Poison Control</b>	<b>800-222-1222</b>
<b>OH Child Abuse &amp; Neglect Hotline</b>	<b>855-O-H-CHILD (855-642-4453)</b>
<b>OhioKAN</b>	<b>www.ohiokan.jfs.ohio.gov or 1-844-OHIOKAN (1-844-644-6526)</b>
<b>AGENCY NAME &amp; INFO</b>	
<b>Kinship or Licensing Worker</b>	