

Cause No.

FAMILY PLAN OF SERVICE FOR (Drug Issue Mom)
PHASE 1 OF 3

(Supervised visits with child(ren) while working on safety related concerns.)

1. Immediately provide your caseworker with the child(ren)'s birth certificate(s) and social security card(s).
2. Immediately schedule and participate in a meeting with your caseworker to provide information regarding your child(ren), genetic and family history, and other information needed by the Department to best provide for your child(ren) during this case.
3. Abide by the 'General Rules and Requirements' attached to this Plan.
4. Immediately contact your caseworker to schedule a viewing of the "Baby, Oh Baby" infant massage video; Begin infant massage on the infant at your scheduled visits. (Or similar video, If infant involved)
5. Participate in a Chemical Dependency Screening with _____ on _____, at 8:30 a.m. at the _____ located at 100 N. Broadway, Anytown, TX; **FOLLOW ALL RECOMMENDATIONS FROM THE SCREENING.**

Please note that, if you are not on time and/or you fail to show up for this appointment, and/or if you fail to cooperate with drug testing as requested by the Department, the Court will be notified and you may be ordered to pay the \$400.00 cost for a full chemical dependency evaluation.

6. Following (60) 90 days of sobriety, contact your worker to schedule and participate in a Psychological Evaluation with Dr. Psychologist located at 123 Wellbeing Place, Anytown, TX (123) 123-4567;
7. Upon completing all services in this plan, contact your caseworker to schedule attendance at a Phase 1 completion meeting with Facilitator.
8. Receive permission from the Court to graduate from Phase 1 and move to Phase 2.

Your caseworker is: Super Worker (123) 456-7891

The permanency goal in this case is: reunification with (a) parent(s).

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.

DATE

PARENT'S SIGNATURE

CASEWORKER'S SIGNATURE