

# FOSTER CARE STRUCTURED DECISION MAKING PARENT - AGENCY TREATMENT PLAN AND SERVICE AGREEMENT

Michigan Department of Human Services

Date Completed: 10/31/2005

Check One:

- ☐ Initial Service Plan  
☒ Updated Service Plan

FC Case Number:	X2325462A/X1437623A
FC Case Name:	Ayssa and Amber Keast
DHS FC Worker Load #:	211
DHS FC Worker Name:	Lacey Gonzalez-Borstler
PS Case Number:	
PS Case Name:	
Court ID #:	
POS Agency Name:	
POS Agency Worker Name:	

*This treatment plan is developed to assure that each child will receive safe and proper care and services by the following activities.*

## CHILD INFORMATION

DHS Case Number	Child Name	Permanency Planning Goal Code	Target Date	Anticipated Next Placement Type	Date Anticipated Next Placement
X2325462A	Alyssa Keast	8 = Reunification	12/2005	Own Home	
X1437623A	Amber Keast	8 = Return Home	12/01/2005	Own Home	

Member Referred Code:

BF = Both Caretakers/Family  
C = Child Code (from above table)

CX = All Children  
FP = Foster Parent

FT = Female Caretaker  
MT = Male Caretaker  
NX = Noncustodial  
NY = Noncustodial Father  
OT = Other Member

Service Type Code:

AD = Alcohol or Drug Abuse Rehabilitation  
OT = Other Program Needs  
JT = Job Training/Employment Assistance  
HS = Homemaker Services or Parent Aides  
DV = Domestic Violence Program

FR = Reunification Services  
DC = Day Care  
PS = Parenting Skills Training  
MH = Mental Health Services  
MD = Medical Service

IL = Independent Living Services  
FC = Family Counseling/Outreach Counseling  
ED = Education  
TH = Individual/Group Therapy  
WP = Wrap Around

## A. SERVICE REFERRAL TABLE

Using the codes above for member referred and service provider type, enter the information for all services below.

Member Referred Code	Family Member Name	Barriers/ Needs Addressed	Service Type Code	Service Provider Name	Mo/Yr Referred	Mo/Yr Start	Target Completion Date (Mo/Yr)	Service Status	Completed Services	Completion Date (Mo/Yr)
FT	Erica Keast	C3=Subst. Abuse	AD=Alcoh/Drg Abuse Rehab	Alcoholics Anonymous	9/2005	9/2005	ongoing	2=Cont Svs		
FT	Erica Keast	S9=Employment	JT=Job Trng/Empl Assist	FIP Work Participation Program	9/2005	9/2005	ongoing	2=Cont Svs		
BF	Erica Keast/Richard Wingfield	S2=Parenting Skills	FR=Reunification Svs	Family Reunification Program	10/2005	11/2005	5/2006	2=Cont Svs		
BF	Erica Keast/Richard Wingfield	S3=Subst. Abuse	OT=Other Program Needs	substance abuse screenings/Mark	4/2005	4/2005	12/2005	2=Cont Svs		

BF	Erica Keast/Richard Wingfield	S2=Parenting Skills	PS=Parenting Skills Trng	Smithey Parents as Teachers	7/2005	8/2005	5/2006	2=Cont Svs		
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B. Parent/Caretaker Goals and Objectives

Erica Keast/Richard Wingfield

Needs:

Parenting Skills:

Goal: Erica Keast and Richard Wingfield agree to demonstrate appropriate parenting skills.

Objective: Erica Keast will learn age appropriate child development and improve her decision-making skills.

Action Steps:

1. Erica Keast and Richard Wingfield agree to participate, invest in and benefit from Parents as Teachers w/ Ellie Kar.
2. Erica Keast and Richard Wingfield agree to participate, invest in and benefit from the Family Reunification Program.
3. Erica Keast and Richard Wingfield will keep all scheduled appointments with the above listed service providers and be on time.
4. Erica Keast and Richard Wingfield agree to provide this worker with a list of rules and consequences for the children that they will utilize when Alyssa and Amber are in their care.
5. Erica Keast and Richard Wingfield agree to provide this worker with a written structured routine of daily activities for Alyssa and Amber.

Outcome: Erica and Richard will display adequate parenting skills as demonstrated by meeting their children's basic needs (i.e. food, shelter, medical care, safety, providing nurturing environment).

Substance Abuse:

Goal: Erica Keast and Richard Wingfield will abstain from (not use) any illegal drugs or alcohol.

Objective: Erica Keast will continue to address her substance abuse issues.

Action Steps:

1. Erica Keast agrees to participate, invest in, and benefit from Alcoholic Anonymous/Narcotics Anonymous meetings. Erica Keast will attend weekly meetings and provide proof of attendance to this caseworker.
2. Erica Keast and Richard Wingfield agree to submit to random drug tests (urinalysis tests and/or hair follicle tests) if recommended by the DHS the court.
3. Erica Keast and Richard Wingfield agree to maintain a clean, safe, and drug/alcohol free home.

Outcome: Erica and Richard will maintain sobriety.

Employment/Resource Availability/Management:

Goal: Erica Keast will be financially stable.

Action Steps:

1. Erica Keast agrees to comply with the DHS FIP Work Participation Project Program and submit all requested information (i.e. medical records/other paperwork) in a timely fashion.



2. Erica Keast agrees to provide a detailed written plan to this caseworker on how she will be able to financially care for her family.
3. Erica Keast agrees to make active efforts to seek and maintain employment.

Outcome: Erica Keast will be able to adequately support her children financially.

#### C. Foster Parent/Relative Caregiver Activities and Discipline and Child Handling Techniques

The foster parents will keep all appointments with the Department of Human Services.

The foster parents will meet the children's physical and emotional needs by taking the children to necessary medical/dental appointments and visitation.

The foster parents will provide transportation.

The foster parents will provide a safe and loving environment for the children.

#### D. Individual Child Activities

Goal: Alyssa and Amber will continue to grow and develop normally.

Alyssa and Amber will continue to participate in Infant Mental Health.

#### E. Foster Care Worker Activities

This foster care worker will maintain at least monthly contact with Erica Keast.

This foster care worker will make referrals to appropriate service professionals to assist Erica and Richard reach the above stated goals.

This foster care worker will maintain at least monthly contact with any service providers.

This worker will maintain at least monthly contact with the children and foster parents to assure proper care and services.

#### F. Parenting Time

Parenting-time will be offered at least one time per week and will take place in the home of Erica Keast and Richard Wingfield.

Visitation will be unsupervised.

Erica Keast and Richard Wingfield will provide the children with nutritious food while they are in their care.

Erica Keast and Richard Wingfield will provide appropriate supervision of the children.

Erica Keast and Richard Wingfield will not use corporal punishment as a means of disciplining the children.

Erica Keast and Richard Wingfield will have rules and consequences for the children and will follow through with them if the children's behavior is inappropriate.

NOTE: This Parent-Agency Treatment Plan can be modified at any time. \_

The development of this plan was negotiated with (also list those individuals who were unavailable to participate in the development and why not):

This plan was developed in coordination with Erica Keast, Richard Wingfield and the Department of Human Services.

By signing below I agree that I have read the above, discussed it with my foster care worker, and understand what is expected of me to facilitate the permanency planning goal.

Parent/Caretaker Name: Erica Keast, mother

Parent/Caretaker Signature: Erica Keast

Date: 11-18-05

Parent/Caretaker Name: Richard Wingfield

Parent/Caretaker Signature: Richard Wingfield

Date: 11-18-05

By signing below on behalf of the Department of Human Services we agree to those activities outlined above and will assist the family in their efforts to facilitate the Permanency Planning goal.

Name and Title: Lacey Gonzalez-Borstler, Caseworker

Signature: Lacey Gonzalez-Borstler

Date: 11/3/05

Name and Title: Lori Schultz, Program Manager

Signature: Lori Schultz

Date: 11/3/05

Distribution of Plan:

Judge Thomas  
Prosecuting Attorney  
Mark Schropp  
Rick Prysock  
Case File

DHS Local Office Name: \_\_\_\_\_

DHS Local Office Approval:

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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AUTHORITY: P.A. 280 of 1939.  
RESPONSE: Voluntary.  
PENALTY: None