

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

Michigan Family Independence Agency

FC Case Number:	X2325462A
FC Case Name:	KEAST, ALYSSA
FIA FC Worker Load #:	0212
FIA FC Worker Name:	BRIAN VANDERZALM
PS Case Number:	X1822884P
PS Case Name:	KEAST, ERICA
Court ID #:	05006388-NA
POS Agency Name:	
POS Agency Worker Name:	

Date Completed: 04/25/2005

Check One:

- Initial Service Plan
 Updated Service Plan

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

CHILD INFORMATION

FIA Case Number	Child Name	Permanency Planning Goal Code	Target Date	Anticipated Next Placement Type	Date Anticipated Next Placement
X2325462A	ALYSSA KEAST	8 = Return Home	3/01/2006	Own Home	3/2006
X1437623A	AMBER KEAST	8 = Return Home	3/01/2006	Own Home	3/2006

Member Referred Code:

- | | | | |
|-----------------------------------|--------------------|-----------------------|--------------------------|
| BF = Both Caretakers/Family | CX = All Children | FT = Female Caretaker | NX = Noncustodial |
| C = Child Code (from above table) | FP = Foster Parent | MT = Male Caretaker | NY = Noncustodial Father |
| | | | OT = Other Member |

Service Type Code:

- | | | |
|---|--------------------------------|--|
| AD = Alcohol or Drug Abuse Rehabilitation | FR = Reunification Services | IL = Independent Living Services |
| OT = Other Program Needs | DC = Day Care | FC = Family Counseling/Outreach Counseling |
| JT = Job Training/Employment Assistance | PS = Parenting Skills Training | ED = Education |
| HS = Homemaker Services or Parent Aides | MH = Mental Health Services | TH = Individual/Group Therapy |
| DV = Domestic Violence Program | MD = Medical Service | 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	ARBOR CIRCLE	4/2005	4/2005	10/2005	2=Cont Svs		

2005 MAY 10 PM 3:08
NEWAYGO COUNTY
CIRCUIT COURT

Parent - Agency Treatment Plan and Service Agreement (continued)

B. Parent/Caretaker Goals and Objectives

1. I, Erica Keast, will participate in a psychological evaluation. During the evaluation, I will be open and honest. I understand the results will be shared with the court. I agree to follow-through with the recommendations made by the examiner.
2. I, Erica Keast, will actively participate in and benefit from individual counseling/psychotherapy. I agree to follow-through with recommendations made by the examiner.
3. I, Erica Keast, will actively invest in and benefit from substance abuse counseling. I agree to follow-through with recommendations made by the examiner.
4. I, Erica Keast, will participate in and benefit from Love & Logic parenting classes.
5. I, Erica Keast, will submit to random drug tests (urinalysis tests and/or hair follicle tests) if recommended by the D.H.S. or the court. I understand the test results will be shared with the court.
6. I, Erica Keast, will maintain safe, stable housing, free of substance abuse, domestic violence, and criminal activity. I will keep my home clean and in good repair. I will pay my rent or mortgage payment on time to avoid eviction or foreclosure. I will pay my utility bills on time. I will immediately notify the D.H.S. of any changes in address, telephone number, or household composition (i.e. people living in the home).
7. I, Erica Keast, agree to obtain and maintain employment. I agree to provide the D.H.S. with copies of my check stubs to verify my employment.
8. I, Erica Keast, will demonstrate an ability to meet my children's basic needs (i.e. food, shelter, medical care, safety, nurturing environment, etc.).
9. I, Erica Keast, will accept responsibility for the removal of my children.
10. I, Erica Keast, will abstain from (not use) any illegal drugs, or prescription drugs not legally prescribed to me.
11. I, Erica Keast, authorize the D.H.S. to share information with other service providers. I agree to sign all release of information forms requested by the F.I.A. or the court.
12. I, Erica Keast, agree to practice honesty with the Department of Human Services.
13. I, Erica Keast, will not reside with any persons known to have a criminal history, substance abuse problem, or history of child abuse/neglect.
14. I, Erica Keast, will maintain the parenting-time schedule.
15. I, Erica Keast, will not engage in any illegal activity.

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

1. The foster parents/kinship caregivers will keep all appointments with the Department of Human Services.

2. The foster parents/kinship caregivers will meet the children's physical and emotional needs by taking the children to necessary medical appointments and therapy sessions.
3. The foster parents/kinship caregivers will assist the Department of Human Services in transporting the children to medical appointments, therapy appointments, and visitation.
4. The foster parents/kinship caregivers agree not to allow the children's parents to have unsupervised visitation with the children, unless authorized by the D.H.S. or the court.
5. Discipline strategies used will be in accordance with D.H.S. policy (i.e. time-outs, verbal redirection, etc).

D. Individual Child Activities

Alyssa Keast:

Goal: Alyssa will continue to grow and develop normally.

1. Alyssa Keast will submit to a psychological evaluation.
2. Alyssa Keast will participate in a development assessment.
3. Alyssa will participate in a physical examination.

Amber Keast:

Goal: Amber will continue to grow and develop normally.

1. Amber Keast will participate in a developmental assessment.
2. Amber will participate in a physical examination.

E. Foster Care Worker Activities

1. This worker will maintain at least monthly contact with Erica Keast.
2. This worker will make referrals to appropriate services professionals to assist Erica Keast reach the above stated goals.
3. This worker will maintain at least monthly contact with any service providers involved.
4. This worker will maintain at least monthly contact with the children and the foster parents/kinship caregivers to assure proper care and services.

F. Parenting Time

Parenting-time will be offered at least one time per week for one hour.

Currently, parenting-time is offered on a daily basis, supervised by Timothy and Barbara Atwood, the children's grandparents.

Any changes to the parenting-time schedule must be approved by the Department of Human Services and/or the Court.

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, the children's mother, and Timothy and Barbara Atwood, and the children's grandparents.

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.

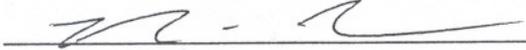
Parent/Caretaker Name: _____

Parent/Caretaker Signature: _____

Date: _____

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

Name and Title: Brian Vanderzalm, Child Welfare Worker

Signature: 

Date: 5/9/05

Name and Title: Lori Schults, Program Manager

Signature: _____

Date: _____

Distribution of Plan:

Newaygo County Circuit Court, Family Division
Prosecuting Attorney
Attorney Mark Schropp
Attorney Rick Prysock

FIA Local Office Name: _____

FIA Local Office Approval:

Name and Title: _____

Signature: _____

Date: _____

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

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