

Ohio Department of Job and Family Services
PREVENTION PLAN

Section I – Identifying Information:

Will populate from SACWIS. Dropdown will allow to choose assigned Caseworker.

Case Name:		Case ID:	
Agency:		Caseworker:	

Section II – Concerns and Service Identification:

(This section will be repeated for each additional concern)

<p>What are the concerns/needs for the family? <i>This language is synonymous with the language in the Family Case Plan</i></p> <p>What does the family and Worker want to see happen to address the identified concerns/needs? <i>This language is synonymous with the language in the Family Case Plan</i></p> <p>Related Risk Contributors (explain any additions or changes): <i>This will populate similarly to how it populates within the Family Case Plan. Functionality will exist to change a risk contributor with an explanation regarding the change</i></p> <p>How will the family’s progress be measured? <i>This language is synonymous with the language in the Family Case Plan</i></p> <p>When will the family’s progress be reviewed? <i>This language is synonymous with the language in the Family Case Plan</i></p>

Case Member:		Person ID:	
Service Category:		Service Type:	
Provider:		Provider Contact:	

+ability to add additional concern/service identification

Section III – Strengths:

<p>What strengths and family/community supports does the family have? <i>This language is synonymous with the language in the Family Case Plan</i></p>

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Section IV – Signatures:

By signing below, I acknowledge understanding of the above plan and voluntarily agree to participate in the listed services and monitoring requirements.

Parent/Guardian Print:	Parent/Guardian Signature:	Date:
Parent/Guardian Print:	Parent/Guardian Signature:	Date:
Caseworker Print:	Caseworker Signature:	Date:
Supervisor Print:	Supervisor Signature:	Date:

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