

**KINSHIP NAVIGATOR PROGRAM**

**KINSHIP CARE PLAN**

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| --- | --- | --- | --- |
| Child Name |  | DHS Worker Name |  |
| County |  | Referral Date |  |
| State ID |  | Kinship Care Plan Date |  |
| FACS ID |  |  |  |
| Date Kinship Care Plan/Kinship Care Plan was provided to DHS Worker | |  | |
| Date Kinship Care Plan/Kinship Care Plan was provided to the Kinship Caregivers | |  | |
| Author of Kinship Care Plan – Kinship Specialist Name | |  | |
|  | |  | |
| Identified Needs of Kinship Caregivers | |  | |
| Strategies and Assessment Tools utilized to Identify Needs | |  | |

**Goals/Outcomes**

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| --- | --- | --- |
| **Goal 1:** | Modification Date: | Completion Date: |
| Kinship Care Plan Objective: |  |  |
| Kinship Care Objective: |  |  |
| Interventions/Strategies Utilized: |  |  |
| Resources/Supports Utilized: |  |  |
| Outcome Progress: |  |  |
| Community Resources Engaged  Yes  No If yes, identify community resources: |  | |
| **Goal 2:** | Modification Date: | Completion Date: |
| Kinship Care Plan Objective: |  |  |
| Kinship Care Objective: |  |  |
| Interventions/Strategies Utilized: |  |  |
| Resources/Supports Utilized: |  |  |
| Outcome Progress: |  |  |
| Community Resources Engaged  Yes  No If yes, identify community resources: |  | |
| **Goal 3:** | Modification Date: | Completion Date: |
| Kinship Care Plan Objective: |  |  |
| Kinship Care Objective: |  |  |
| Interventions/Strategies Utilized: |  |  |
| Resources/Supports Utilized: |  |  |
| Outcome Progress: |  |  |
| Community Resources Engaged  Yes  No If yes, identify community resources: |  | |

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| --- | --- | --- |
| Concrete Goods, Tangible Items, Gift Cards Expended | YES  NO  If yes, document amount and purpose | **Amount $**  **Purpose:** |
| Receipt of Goods, Items, Cards | Kinship Caregiver Signature: | Date of Receipt of Goods, Items, Cards: |

Eco Map completed with Kinship Caregivers and provided to the Kinship Caregivers.  Yes  No

Date provided:

**Is there a written Family Interaction Plan developed?**  YES  NO Date of Plan:

|  |
| --- |
| Role of Kinship Caregiver in supporting the Family Interaction Plan: |
| The below is an additional monthly assessment regarding the family by utilizing the evidenced-based North Carolina Family Functional Assessment scale. Each of the following scales is used to determine how a family is functioning. They also may be important to the level of imminent risk of out-of-home placement for this family in the context of the family strengths and needs. For each scale, rate its influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2=Clear Strength; +1=Mild Strength; 0=Baseline/Adequate; -1=Mild Problem; -2= Moderate Problem; and -3=Serious Problem.  **Environment:**  **Parental Capabilities:**  **Family Interactions:**  **Family Safety:**    **Child Well –Being:**  **Social/Community Life:**  **Self-Sufficiency:**  **Family Health:**  **Caregiver/Child Ambivalence:**  **Readiness for Reunification:** |