

## **Instructions for Monthly Contact Form (CD-300) (AC):**

### **PURPOSE:**

The Monthly Contact Form is to be completed over the course of each calendar month, for each Alternative Care case. This contact form provides a space for visit notes and signatures for Parents, Placement Provider(s), Child(ren), as well as Collateral Contacts. It is not required to be completed during the initial 30 days of the case.

### **# OF COPIES AND DISTRIBUTION:**

Upon completion, the Monthly Contact Form should be uploaded into OnBase, and retained in the physical file. All visits should be fully documented in FACES as a contact note. Additional pages can be printed and added if needed.

### **INSTRUCTIONS FOR COMPLETION:**

#### **General:**

By using these forms, staff can develop a better understanding of the family's needs and can begin to plan for appropriate interventions on an individual, family, and community basis. Updates about treatment activities, such as therapy and other services should be discussed and documented on this form.

#### **Specific:**

Case Name: Enter the family case name

Month/Year: Enter the month and year these visits are held

Case Manager: Name of the case manager for the month

Case #: The case number for the case

Review the following during each contact as is applicable: This is a list of topics that are suggested for discussion with the family each month. Worker can check actual topics discussed.

Resources/referrals provided, to whom and date provided during this month: Each referral provided to any party of the case (Parent, Foster Parent, Child, etc.) is to be written here.

#### Child(ren)/Youth Discussion:

- House of Good Things: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing people allowed to live in/visit the safety house. **For Older Youth:** What is the youth doing well? Continue to identify Permanent Connections. Discuss progress on IAP goals. Identify any completed goals. Discuss overall well-being & feelings of safety.
- House of Worries: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing people not allowed to live in/visit the safety house. **Older Youth:** What additional needs remain? What are the youth's worries? Discuss overall wellbeing and feelings of safety. Discuss barriers to accomplishing IAP goals.
- House of Dreams: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing the rules of the safety house. How close is the youth to having their

house just as they would like it? **Older Youth:** Next steps to reach goals, including IAP goals. What additional support does the youth need, and what is the plan to address those needs? What additional needs have been identified?

Child/Youth Contact: Each Child/Youth is to have their own contact box. Worker can print additional sheets if needed. Worker is to record the date/time/location on the form. There are suggested topics for discussion. Worker is to document if they met with the child individually, completed a walkthrough of the home, and if there were any new needs identified. The child is to sign the document to the best of their age and developmental ability. The worker is also to sign each visit.

Placement Provider Contact: The placement provider is also to be asked about the child in their placement. Worker is to identify the safety of the child in their placement. If there were new risk factors identified, the box should be checked and clearly documented in FACES. If the child(ren) were found to be unsafe, what actions were taken to ensure safety. The placement provider(s) and the case manager are to sign the document.

Parent/Caregiver/Guardian Contact: Worker can print additional sheets if needed. Worker is to record the date/time/location on the form. There are suggested topics for discussion. Worker is to document any behavioral changes with the parent, progress on the service plan, any barriers, etc. The P/C/G is to sign, as well as the Case Manager.