**Resource, Kinship and Adoptive Families in Maine**

**Plan of Safe CareMaine’s *Plan of Safe Care* will help the infant in your care stay safe, healthy, and connected.
Plan of Safe Care supports extend to any family caring for an *infant who has a* *Plan of Safe Care*.
Maine’s *Plan of Safe Care* aligns medical, community and family services.**

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| --- |
| **Family and Infant Today’s date / /**  |
| Family; Name(s) Preferred Pronoun(s)  |
| Current Address |
| Home Phone Cell Phone TXT  *Yes or No* |
| Are you a part of a Native American community?  *Yes or No*Other cultural group or community? |
| **Infant’s Name DOB / / Sex: F or M**  |
| **Birth Location and Date of Infant Discharge**  |
| Infant’s Primary Care Provider:   |
| Does the infant have prenatal substance exposure? *Yes or No*  |
| Is the infant experiencing any withdrawal symptoms?  *Yes or No* If yes, please list symptoms: |
| Observe/Monitor for Fetal Alcohol Spectrum Disorder  *Yes or No* Notes: |
| **CURRENT Strenths and Supports** (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.) |
| **Needed assistance and Goals** (e.g. parenting, housing, smoking cessation, childcare, financial, food and formula) |
| **All substance exposed infants and their caregivers are automatically eligible for Maine’s Early Intervention Services (also known as Child Development Services, CDS)** supporting basic needs like housing and healthy infant/toddler development for up to 36 months of age. ***I would like to receive a phone call/txt from a service coordinator with Maine’s Early Intervention Services to learn about these benefits for my infant and family.*** *Yes or No*  |

**I acknowledge I have participated in the development of this Plan of Safe Care (POSC), I have a copy of the POSC, and I will share the POSC with my infant’s primary care provider. I permit the healthcare provider and/or the staff of the healthcare entity that participated in developing this POSC to share the POSC with CradleME providers and DHHS, including Public Health Nursing. I am consenting to the sharing of this plan as it will benefit my infant, myself and my family if we follow through with the services and supports outlined in the POSC. I may also sign an additional authorization for release of my personal health information to permit sharing with other providers for the benefit of my infant, myself and my family.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Medical and Social Services ResourcesInfant and Resource Family**  | **Currently Receiving** | **Referral Needed** | **N/A** | **Date of Referral** | **Service Referrals; Organization and Contact(\*Please note if client is *considering* a referral)** |
| PCP or Maternal Care Provider |  |  |  |  |  |
| Health Insurance Enrollment (MaineCare, private, none) |  |  |  |  |  |
| Dental Assistance |  |  |  |  |  |
| Financial Assistance (Office of Family Independence) |  |  |  |  |  |
| Housing Assistance |  |  |  |  |  |
| WIC, Food and Nutrition-infant, mother and family (CradleME) |  |  |  |  |  |
| Transportation Assistance |  |  |  |  |  |
| Smoking and/or Vaping Cessation (circle) |  |  |  |  |  |
| Tobacco Exposure Education |  |  |  |  |  |
| Safe Sleep and Substance Exposed Infant Sleep Education |  |  |  |  |  |
| Eat, Sleep, Console (ESC) Education |  |  |  |  |  |
| Public Health Nursing and/or Maine Families Home Visiting (CradleME) |  |  |  |  |  |
| Maine’s Early Intervention Services (Child Development Services)*(Please review information on bottom of front page)* |  |  |  |  |  |
| Child Care Coordination and Financing (subsidies available) Newborn Care-Licensed Childcare Provider  In-Home Child Care or Family Provided Child Care Early Head Start |  |  |  |  |  |
| Parenting Class/Support Group/In-Home Parent Coaching  |  |  |  |  |  |
| Achieving Personal Safety: Crisis Advocacy and/or Domestic Violence  |  |  |  |  |  |
| Legal Assistance; PTLA.org; volunteer lawyers, sliding scale lawyers |  |  |  |  |  |
| Mental/Behavioral Health Counseling |  |  |  |  |  |

*Questions? Please email* ***PHN\_POSC.DHHS@maine.gov***