

# Women, Infants and Families in Maine

## Plan of Safe Care

We want to listen and learn from *you* about how Maine's *Plan of Safe Care* will help the infant in your care, you and your family stay safe, healthy and connected. The *Plan of Safe Care* aligns medical, community and family supports and other services you may need, or have, with a variety of available resources.

Today's Date	Was this POSC started Prenatally? <i>Yes or No</i>		
<b>Mother's Name</b>	<b>Preferred Pronoun</b>	<b>DOB / /</b>	
Current Address			
Home or Other Phone	Cell Phone	TXT <i>Yes or No</i>	
Mother's Primary Care Provider:	Infant's Primary Care Provider established prenatally? <i>Yes or No</i>		
Are you a part of a Native American community in Maine?			<i>Yes or No</i>
Race (select more than one as needed): Asian, Black, Native American/Alaska native, Pacific Islander, White, Other			
Plan of Safe Care created with the help of an interpreter: <i>Yes or No</i> If Yes, spoken language:			
<b>CURRENT STRENGTHS AND SUPPORTS</b> (e.g. partner/spouse, family/friends, employment, counselor, spiritual faith/community, recovery community)			
<b>NEEDED ASSISTANCE AND GOALS</b> (e.g. parenting, housing, smoking cessation, childcare, financial, food, diapers, education, and employment)			
<b>Infant's Name</b>	<b>DOB / /</b>	<b>Sex: F or M</b>	
Birth Location and Date of Infant Discharge			
Infant Primary Care Provider:			
Does the infant have prenatal substance exposure?			<i>Yes or No</i>
Is the prenatal substance exposure the result of Medication Assisted Treatment (MAT)? If yes, please list:			<i>Yes or No</i>
Is there prenatal substance exposure <i>other than</i> MAT? ( <i>legal and/or illegal substances</i> )			<i>Yes or No</i>
Is the infant experiencing any withdrawal symptoms or ongoing effects from prenatal exposure? If yes, please list symptoms:			<i>Yes or No</i>
Observe/Monitor for Fetal Alcohol Spectrum Disorder			<i>Yes or No</i>
<b>All substance exposed infants and their caregivers are automatically eligible for Maine's Early Intervention Program</b> supporting basic needs like housing and healthy infant/toddler development for up to 36 months of age. <b><i>I would like to receive a phone call/txt from a service coordinator with Maine's Early Intervention Program to learn about these benefits for my infant and family.</i></b>			
			<i>Yes or No</i>

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: \_\_\_\_\_

<b>Medical and Social Services Resources <i>Infant, Mother and Family</i></b>	<b>Currently Receiving</b>	<b>Referral Needed</b>	<b>Decline</b>	<b>Date of Referral</b>	<b>Service Referrals: Organization and Contact (*Please note if client is <i>considering</i> a referral)</b>
OBGYN/Maternal Provider					
Primary Care Provider (PCP)					
Health Insurance MaineCare					
Health Insurance Private					
Care Management					
Dental Assistance					
Financial Assistance					
Housing Assistance					
Transportation Assistance					
Public Health Nursing ( <i>CradleME</i> )					
Maine Families Home Visiting ( <i>CradleME</i> )					
WIC, Food and Nutrition; infant, mother and family ( <i>CradleME</i> )					
MaineMOM Services (( <i>CradleME</i> ))					
Breastfeeding Support (breastfeeding class, hospital lactation support)					
Reproductive Life Planning					
Peer Recovery Coach					
Smoking and/or Vaping Cessation					
Education/Impact of Tobacco Exposure on Infant					
Safe Sleep Education					
Eat, Sleep, Console (ESC) Education					
Early Head Start					
Child Care Coordination and Financing (subsidies available)					
Licensed Newborn Childcare, In-Home Child Care or Family Provided Child Care					
Parenting Class/In-Home Parent Coaching					
Parenting Support Group					
Achieving Personal Safety: Crisis Advocacy and/or Domestic Violence					
Legal Assistance; PTLA.org; volunteer lawyers, sliding scale lawyers					
Family Recovery and/or Drug Court yes or no; county					
Mental/Behavioral Health Counseling					
Depression and/or Anxiety Screening/Postpartum Depression Screening					
Substance Use Counseling Treatment					
In-patient Residential Substance Use Recovery Program					
Intensive Outpatient Program (IOP)					
Naloxone Prescription/Kit					
Medication-assisted Treatment (MAT)					
Community Support (i.e. 12-Step Program)					
Relapse Prevention Support Plan					

Questions? Please email [PHN\\_POSC.DHHS@maine.gov](mailto:PHN_POSC.DHHS@maine.gov)