

Resource, Kinship and Adoptive Families in Maine

Plan of Safe Care

Maine'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.

Family and Infant:		Today's Date: / /	
Family; Name(s):		Preferred Pronoun(s):	
Current Address:			
Home Phone:	Cell Phone:	Text Okay?	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 STRENGTHS 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)			
<p>All substance exposed infants and their caregivers are automatically eligible for Maine's Early Intervention Program supporting basic needs like housing and healthy infant/toddler development for up to 36 months of age. <i>I would like to receive a phone call/text from a service coordinator with Maine's Early Intervention Program to learn about these benefits for my infant and family.</i></p>			
			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 the primary care provider for the infant in my home. I understand that the healthcare provider and/or the staff of the healthcare entity that participated in developing this POSC may share the POSC with CradleME providers and DHHS, including Public Health Nursing. 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: _____

Medical and Social Services Resources Infant 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 Program (Child Development Services) <i>(Please review information on bottom of front page)</i>					
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