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| CHFS Final-new colors (002)**reduce** | **Kentucky Department for Community Based Services**  |
| **Prevention Plan** |
| **Family Name:** |       |  | **Social Service Worker:** |       |
|  |
| For each risk, describe the intervention to be implemented to address the issue: |
|  |
| **Risk(s) identified (list all which apply):**       |
| **Intervention to reduce identified risks (list all which apply):** | **Who?** | **When?** |
|  | **(document specifics for each task)** |
|       |  |  |
| **Observation and documentation of outcomes(who will observe and document outcomes):**       |
| **This plan is only valid for thirty (30) days from the signing date. It will expire on:** |  | **. The plan**  |
| **may be extended voluntarily with the agreement of all parties.**  |

**This voluntary agreement may be revoked at any time. If a change occurs, immediately contact your social**

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| **Service Worker at** |  | **.** |

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**In case of an emergency, please call 911.**

**The undersigned understand this document is not a court order. It is a voluntary agreement between the signed parties. All parties listed above must sign below. Identify your relationship to the child in the signature line.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Custodian:** |  |  | **Date:** |  |
| **Parent/Custodian:** |  |  | **Date:** |  |
| **Family Member:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **SSW:** |  |  | **Date:** |  |