|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

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

**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:** |  |