

Family Care Plan Template

Mother/Birthing Person's Name:	Provider's Name:
Anticipated delivery date:	Provider Contact #:

Family Care Plans address the health and substance use disorder treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed alongside of the mom/birthing person with input from the other parent or other caregivers, as well as any collaborating professional partners involved in supporting the infant and family. ***A Family Care Plan and subsequent CAPTA Notification is for birthing persons who are prescribed medications or using non-prescribed substances during their pregnancy that may result in withdrawal symptoms in the newborn.***

Check all substances used by mom/birthing person prenatally:

Methadone	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
Buprenorphine (Subutex, Suboxone)	<input type="checkbox"/>	Cannabis	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Xylazine	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Identify all applicable services currently engaged and new referrals for infant, mom/birthing person and/or caregivers:

	Discussed	Current	Referral	Organization
Medication Assisted Treatment (Methadone, Buprenorphine, Naloxone)				
Mental Health Counseling				
Substance Use Counseling				
Medical Care				
Secure Environment & Medication Storage Plan				
Reproductive Health				
Safe Sleep Plan				
12 Step Groups				
Recovery Supports				
Childcare				
Home visiting				
WIC				
Birth to Three				
Housing Assistance				
Insurance Support				
Parenting Groups				
Other				

Identified Family Strengths, Supports and Goals (Eg: breastfeeding, housing, parenting, and recovery):

Signature of parent /caregiver: _____ Signature of provider: _____

Please check if any of the following are applicable:

- ☐ Family Care Plan was completed and will be provided to infant's PCP for ongoing monitoring
- ☐ Mother/birthing person was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- ☐ Additional referrals were made for services at the time of delivery for the infant and/or mother/birthing persons/caregivers

Name of hospital staff (print): _____

Signature of hospital staff: _____