

30 DAYS TO FAMILY[®]

30 Days to Family[®] Roadmap to Family

Child's Name	DOB	ID#

Attended TDM/Staffing: Date
 Attended Initial Court Hearing: Date
 Conducted Initial Team Meeting: Date
 Conducted Barrier Meeting: Date
 Conducted Conclusion of Services Meeting: Date

Youth maintains connections & is prepared for family/kin placement

Action	Person Responsible	Date Completed	Details
Siblings are placed together (includes all siblings—full and ½ siblings—whether in care or not) <input type="checkbox"/> If the youth is not placed with siblings, a plan for continuing the sibling relationship has been established and is in place.		Date Siblings Placed Together; if not placed together date visitation plan established	Plan to place siblings together: Explore placement with all siblings (full and ½ siblings; minor & adult siblings) Outcome:
Paternity has been established. <input type="checkbox"/> If paternity is not yet established, a plan for confirming paternity has been determined.		Date Paternity Established/Verified	Names/information of potential fathers: Plan to establish/verify paternity:
Youth's educational needs have been identified. Youth's schooling is not disrupted by placement; youth continues to attend home school. <input type="checkbox"/> Efforts have been made to ensure youth's continued enrollment in home district.		Date Education Plan Put in Place to remain in district (or if not in district, child's needs are met)	Educational needs: Home district & school: Plan/Efforts to ensure continued enrollment: Outcome:
Youth's medical and dental needs have been identified and initial & comprehensive exams have been scheduled.		Date initial medical appointments completed	Medical/Dental needs: Date of initial appointment (<i>required w/in 24-72 hours of child entering care</i>): Date Date of 30 day comprehensive exam (<i>required within 30 days of child entering care</i>): Date

Referral has been made to Infant Care Services Program		Date services are set up & in place	Child is referred to Infant Care Services Program <input type="checkbox"/> Date by whom: name Details:
Chaffee/Older Youth Services referral is submitted		Date referral is submitted	Youth is referred to Chaffee or Older Youth Services <input type="checkbox"/> Date by whom: name Details
Youth's mental health needs have been identified and therapeutic and/or psychiatric treatment has been arranged, if needed.		Date mental health treatment is in place	Mental health needs: Plan for Treatment: Outcome:
Placement with family/kin has been thoroughly explored with the youth, as appropriate.		Date Specialist visited with child	Date of visit with child by Specialist: Date Named supports/potential placement options identified by the child: Outcome:
Plan to obtain team approval for identified relative/kin supports & visitation.		Date Approval Plan Established with Team	Plan for approval: If individual clears the above plan, contact/visits may occur <input type="checkbox"/> supervised <input type="checkbox"/> unsupervised. If individual does NOT clear the above plan contact <input type="checkbox"/> <i>may</i> <input type="checkbox"/> <i>may not</i> occur with the following limitations/provisions:
Other:			

Family is prepared for placement			
Action	Person Responsible	Date Completed	Details
Family understands the youth's history and needs		Date needs were discussed w/Identified Relative Resource Provider	Identified needs:

Barriers to placement, if any, have been addressed and a plan for resolution has been developed		Date Barriers were overcome	Identified barriers: Plan to overcome barriers: Outcome:
Natural, formal & community supports are identified and in place, as well as clearly outlined in the Supports section of this document		Date Roadmap was given to provider	Date provided to resource provider (within 1 business day of placement): Date Date reviewed with the resource provider: Date
Placement packet/documentation and Medicaid card/letter provided to relative home provider		Date completed	
Child is moved to the home of relative/kin		Date child moved	
Other:		Date	

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30 Days to Family[®] Roadmap to Family: Child & Family Supports

Child's Name	DOB	ID#

Natural Supports for Child & Relative/Kin Resource Provider		
Name, Relationship to Child, & Contact Information	Types of Support	Details of Support & Involvement
Note: <i>Please make sure to include the individual's name, relationship to the child, and address/phone.</i>	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/communication with youth <input type="checkbox"/> Mentor for youth <input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite Care/Childcare <input type="checkbox"/> Transportation Support	Note: <i>This portion of the Roadmap is designed for the family. Please include specifics on how this person will or would like to support the child and/or the placement provider (i.e. can provide childcare on weekends; can assist with transportation from school on M, W, F; can facilitate sibling visits on weeknights; is available for emotional support to aunt; can have the child visit in their home overnights on weekends)</i>
	<input type="checkbox"/> Community activities & visits <input type="checkbox"/> Phone conversations & other communication <input type="checkbox"/> Mentor for youth <input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite Care/Childcare <input type="checkbox"/> Transportation Support	
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Community Supports for Child & Relative/Kin Resource Provider	
Name & Contact Information	Details of Support & Involvement
Resource Parent In-Service Training & Resource Parent Support Groups	

Formal Supports & Team Members

Role	Name & Contact Information
Worker of Record	Name Agency Address Phone After-Hours Emergency On-Call # Enter #
Worker of Record Supervisor	
Guardian ad Litem (GAL)	
Court Appointed Special Advocate (CASA)	
30 Days to Family® Specialist	
30 Days to Family® Supervisor	
Doctor	
Dentist	
Other Medical Providers	
Medicaid Enrollment Plan Information	
Infant Program	
WIC and Nutrition Services	
Head Start	
Parents as Teachers	
Childcare Services	
School/Educational Setting	Name of School District Name of School School Address & Contact Info <input type="checkbox"/> Child has an IEP/504b. Details of IEP/504b (if known):
Transportation to Home School	Details of transportation plan:
Individual Therapy	
Psychiatric Services	
Department of Mental Health (DMH)	

Clothing Resources	
Chaffee/Older Youth Services	

Other Important Phone Numbers	
Fire Department	Emergency: 911
Police Department	Emergency: 911
Ambulance	Emergency: 911
Poison Control	800-222-1222
Child Abuse & Neglect Hotline	
AGENCY NAME & INFO	
Kinship or Licensing Worker	