



**Arkansas Department of Human Services
Division of Children and Family Services
FASD Plan of Safe Care**

Upon receipt of a referral from the Child Abuse Hotline concerning an infant born with and affected by Fetal Alcohol Spectrum Disorder (FASD), the Division of Children and Family Services (DCFS) FASD case manager or designee met with the family named in the referral to conduct an FASD assessment. Based on the assessment, DCFS and the family will move forward with the selected actions below to comprise an appropriate plan of safe care for the family.

Supportive Services Case accepted

Family is in need of supportive services to strengthen family functioning and ensure the health and safety of the child(ren). By signing this form the family agrees to participate in the selected services offered below:

- Work with an assigned primary family service worker
- Work with an assigned a secondary FASD family service worker
- Accept referral to Genetics if applicable
- Consider a referral to Developmental Disability Service (DDS) if applicable
- Accept a referral to specialized day care if applicable
- Participate in a recommended FASD support group
- Participate in a recommended FASD parenting class
- Accept a referral to drug and/or alcohol assessment if applicable
- Accept a referral to drug and/or alcohol recovery center if applicable
- Accept a referral to *Access to Recovery* (ATR) if applicable

Supportive Services Case not recommended

Family has support systems in place and child and the home environment appear safe at this time. By signing this form the family accepts responsibility for contacting DHS to request services if the need arises.

Supportive Services case refused

Family does not want services rendered and/or offered by the Department of Human Services, Division of Children and Family Services. By signing this form, the family acknowledges that FASD and the services designed to support families affected by FASD have been explained and information has been given to the family about local and statewide services that may be available.

Hotline report needed

DHS FASD case manager feels the home environment presents safety concerns for the child/children in the home. The family has been notified that a hotline report will be made.

Printed Name of Client: _____

Client Signature: _____

Date: _____

Printed name of FASD representative: _____

FASD Representative Signature: _____

Date: _____