

# Plan of Safe Care

## Mother

Mother MRN/Case # \_\_\_\_\_

<b>Mother's Name</b>	<b>Mother Date of Birth</b>	<b>Infant's Name/Suffix</b>	<b>Safe Care Plan Date</b>
<b>Plan of Safe Care:</b>	This document assists in guiding and directing appropriate services and supports to provide for the safety and well-being of a mother and infant affected by substance use, withdrawal, or FASD, including services for the infant and their family/caregiver.		
<b>Self-Identified Strengths:</b>			

## Mother's Care Plan

Health	Done	SUD and Mental Health Treatment	Done	Parenting Support	Done
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Pregnancy and postpartum obstetrical, gynecological, family planning		Substance use disorder treatment including MOUD/MAT; lock box for medication		Education on infant care and development; bonding support; parenting coaching/skills	
Pain management plan -Labor -Postpartum		Mental health coordination of services for symptoms of depression and anxiety including maternal depression		Coordinated care management for parents/family with community partners	
Nutrition support; food access (prenatal/postpartum)		Referral/Connection for other loved ones impacted by substance use and mental health concerns		Planning: Newborn supplies, safe sleep; car seat; safe home setting; childcare	
Health Insurance		Recovery Support, including safe/stable housing		Transportation	

## Follow Up Support Needed

Click or tap here to enter text.

Scan/copy to:  Mother     Completing Agency     LCCYA     Other

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**Mother**

MRN/Case # _____
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**FAMILY CARE PLAN:** Include those who are helping you or who know something about your life. These can be professionals, family, or friends. If there is a provider or service that you think might be helpful, ask for assistance in making a connection.

**Medical Provider**

OB/GYN/Prenatal Care	Primary Care	Specialty
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**Mental Health Provider**

Counselor/ Therapist	Social Worker	Psychiatrist
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**Substance Use Provider**

MOUD/MAT	SUD Treatment	Peer Support/ Recovery Specialist
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**Social Services Provider** (family support, case worker, probation)

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**Our family's main support person is:**

**In case of emergency, who would be willing to take care of your child?**

Name(s):

**Other important people** (Who else can be a help or support to you or your child?):

Name(s):

**Key Resource Numbers**

Emergencies: 911

Domestic Violence: 1-800-799-SAFE

Suicide Prevention: 988

Maternal Mental Health: 1-833-TLC-MAMA

Community Resources: 211

Postpartum Support: 1-800-944-4773

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