



Plan of Safe Care

Safety planning means identifying risks to the safety of your family and mapping out what supports you have and plan to have in place to address those risks.

Client Information

Name:	
Phone Number:	
Date:	
Baby's Due Date:	

My plan of safe care includes information about (select all that apply):	
<input type="checkbox"/>	Delivery Plan
<input type="checkbox"/>	Personal Network of Support
<input type="checkbox"/>	Child Placement Options
<input type="checkbox"/>	Professional Network of Support
<input type="checkbox"/>	Prenatal Care
<input type="checkbox"/>	Substance Use Treatment
<input type="checkbox"/>	Mental Health Treatment
<input type="checkbox"/>	Safe & Stable Housing

<input type="checkbox"/>	Financial Supports
<input type="checkbox"/>	Baby Supplies

Delivery Plan

Where I plan to give birth:	
How I plan to get there:	
Who I want with me in the delivery room:	

Personal Network of Support (who you can call on in on in a time of need)

Name:	
Relationship to me:	
Contact information:	

Name:	
Relationship to me:	
Contact information:	

Name:	
Relationship to me:	
Contact information:	

Placement Options (who is capable and willing to care for your baby in the event of a CPS removal)

Name:	
Relationship to me:	
Contact information:	
Can pass a background check:	<input type="checkbox"/>
No CPS history:	<input type="checkbox"/>

Name:	
Relationship to me:	
Contact information:	
Can pass a background check:	<input type="checkbox"/>
No CPS history:	<input type="checkbox"/>

Name:	
Relationship to me:	
Contact information:	
Can pass a background check:	<input type="checkbox"/>
No CPS history:	<input type="checkbox"/>

Professional Network of Support

Name of Provider & Organization:	
Relationship to me:	
Contact information:	
Days/Hours Available:	
What they help me with:	

Name of Provider & Organization:	
Relationship to me:	
Contact information:	
Days/Hours Available:	
What they help me with:	

Name of Provider & Organization:	
Relationship to me:	
Contact information:	
Days/Hours Available:	
What they help me with:	

Prenatal Care

I receive prenatal care:	<input type="checkbox"/>
Provider:	
Contact Information:	

Substance Use Disorder Treatment

Where I currently receive SUD treatment:	
Contact information:	
Type(s) of SUD treatment (eg. in-patient / out-patient / NA / AA / Medically Assisted Treatment) I am currently participating in:	
Where I plan to receive SUD treatment when baby is born:	
Type(s) of SUD treatment (eg. in-patient / out-patient / NA / AA / Medically Assisted Treatment) I plan to participate in when baby is born:	
Steps I have taken to enroll in SUD treatment:	

Mental Health Treatment/Support

Where I currently receive MH treatment/support:	
Contact information:	
Type(s) of MH treatment/support (eg. therapy / psychiatry / meeting with my religious or spiritual guide) I am currently participating in:	
Where I plan to receive MH treatment/support when baby is born:	
Type(s) of MH treatment/support (eg. therapy / psychiatry / meeting with my religious or spiritual guide) I plan to participate in when my baby is born:	
Steps I have taken to enroll in MH treatment/support:	

Safe & Stable Housing

Where I will live with my baby when we're discharged:	
Where my baby will sleep:	
Who else will reside there:	

How long I can stay:	
My long-term housing plan:	

Financial Supports

(how you will financially support your family)

Job (full time/part time):	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
CalWORKS/Tribal TANF:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
SNAP:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
WIC:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
IHSS:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
County Relief/General Assistance:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
CAPO:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
SSI/SSP:	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have
Medi-Cal	<input type="checkbox"/> currently applying	<input type="checkbox"/> currently have

Financial Support from Family/Friends:	<input type="checkbox"/>
Other:	

Baby Supplies

(if possible, include printed pictures of all your supplies in your plan of safe care)

Car seat:	<input type="checkbox"/>
Stroller:	<input type="checkbox"/>
Diapers/wipes:	<input type="checkbox"/>
Formula:	<input type="checkbox"/>
Bottles:	<input type="checkbox"/>
Blankets/swaddles:	<input type="checkbox"/>
Baby clothes:	<input type="checkbox"/>
Bassinet:	<input type="checkbox"/>
Other:	