

Return Home Plan

Child Health

- After my Child(ren) is(are) returned home, their health insurance will be:

- **Pediatrician:** _____

Phone: _____

Address: _____

- **Dentist:** _____

Phone: _____

Address: _____

- **Counselor(s):** _____

Phone: _____

Address: _____

- **My Child(ren)'s medical service needs are:** _____

- **Medical Specialists:**

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

- **My Child(ren)'s ongoing services:**

Provider Name: _____

Phone: _____

- My Plan for childcare for the other children in my home when my child has services is:

- Caseworker Name: _____

Caseworker meetings: dates and initials of both parent and caseworker.

Next Steps:

Done

- 1) _____
 _____ To be completed by: _____ ○
- 2) _____
 _____ To be completed by: _____ ○
- 3) _____
 _____ To be completed by: _____ ○
- 4) _____
 _____ To be completed by: _____ ○
- 5) _____
 _____ To be completed by: _____ ○
- 6) _____
 _____ To be completed by: _____ ○
- 7) _____
 _____ To be completed by: _____ ○
- 8) _____
 _____ To be completed by: _____ ○

Return Home Plan

School or Childcare Program

o Name of School or Program: _____

o My Child(ren) is(are) registered with a start date on: _____

o My transportation plan for my Child to get to and from school/program:

o My Child's special needs are: _____

o I provided the school/program with a copy of my Child's special education plan on:

Caseworker name: _____

Caseworker meetings: dates and initials of both parents and caseworkers.

Next Steps:

Done

1) _____

To be completed by: _____

2) _____

To be completed by: _____

Next Steps continued:

Done

3) _____

To be completed by:

4) _____

To be completed by:

5) _____

To be completed by:

6) _____

To be completed by:

7) _____

To be completed by:

8) _____

To be completed by:



Return Home Plan

Childcare

- My childcare plan so that I can attend my services or work:

Service: _____

Day: _____

Time: _____

Childcare plan: _____

Service: _____

Day: _____

Time: _____

Childcare plan: _____

Service: _____

Day: _____

Time: _____

Childcare plan: _____

- If my Child(ren) will go to summer camp or an afterschool program:

- Date I registered: _____

- Name of camp(s) or program(s) _____

- Start date(s): _____

- End Date(s): _____

o Two people I can contact as back-up childcare providers or respite:

1) Name: _____

Phone: _____

2) Name: _____

Phone: _____

Caseworker Name: _____

Caseworker meetings: dates and initials of both parent and caseworker.

Next Steps:

Done

1) _____

To be completed by: _____

2) _____

To be completed by: _____

3) _____

To be completed by: _____

4) _____

To be completed by: _____

5) _____

To be completed by: _____

6) _____

To be completed by: _____

7) _____

To be completed by: _____

Return Home Plan Budget

- Your Name: _____
- Your Child's Name: _____
- Planned date for your Child's return home: _____

- When my Child comes home, my monthly income will be: _____

- The costs of having my Child at home are (afterschool, summer camp, food, rent, etc.): _____

- My plan to pay for those costs is: _____

Caseworker Name: _____

Caseworker meetings: dates and initials of both parent and caseworker.

Next Steps:

Done

1) _____
To be completed by: _____

○

2) _____
To be completed by: _____

○

Next Steps continued:

Done

3) _____

To be completed by:

4) _____

To be completed by:

5) _____

To be completed by:

6) _____

To be completed by:

7) _____

To be completed by:

8) _____

To be completed by:

9) _____

To be completed by:

