

**OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
RIGHT FROM THE START PROGRAM
SERVICE CARE PLAN**



CLIENT NAME			SSN	CLOSURE DATE	UNABLE TO COMPLETE CARE PLAN (Use code from Client Tracking Sheet)
Last	First	MI			
IDENTIFIED NEEDS					
Prenatal			Infant		
<input type="checkbox"/> Childbirth education	<input type="checkbox"/> Parenting education				
<input type="checkbox"/> Obstetrical care	<input type="checkbox"/> Pediatric care				
<input type="checkbox"/> Parenting education	<input type="checkbox"/> Nutrition				
<input type="checkbox"/> WIC	<input type="checkbox"/> Safety				
<input type="checkbox"/> Oral health	<input type="checkbox"/> Safe sleep environment				
<input type="checkbox"/> Safety	<input type="checkbox"/> DCC/Client trusting relationship				
<input type="checkbox"/> DCC/Client trusting relationship	<input type="checkbox"/> Coordination of services				
<input type="checkbox"/> Coordination of services	<input type="checkbox"/> Transportation needs				
<input type="checkbox"/> Transportation needs	<input type="checkbox"/> Infant care items				
<input type="checkbox"/> Choose method of infant feeding	<input type="checkbox"/> Oral health				
<input type="checkbox"/> Infant care items	Please list others:				
Please list others:					
GOALS TO BE COMPLETED TO MEET IDENTIFIED NEEDS					
Prenatal			Infant		
<input type="checkbox"/> To have a full term, healthy pregnancy	<input type="checkbox"/> To promote optimal infant health to age one year				
<input type="checkbox"/> To choose a family planning method	<input type="checkbox"/> To ensure safety				
<input type="checkbox"/> To provide parenting education	<input type="checkbox"/> To educate on coping skills				
<input type="checkbox"/> To obtain postpartum care	<input type="checkbox"/> To educate about signs/symptoms of maternal depression				
<input type="checkbox"/> To assist with locating resources	<input type="checkbox"/> To provide parenting education				
<input type="checkbox"/> To provide benefits of breast vs. bottle feeding	<input type="checkbox"/> To assist with locating resources				
<input type="checkbox"/> To educate about signs/symptoms of maternal depression	<input type="checkbox"/> To educate about family planning/spacing of pregnancies				
<input type="checkbox"/> To establish trusting DCC/client relationship	<input type="checkbox"/> To establish trusting DCC/guardian relationship				
Please list others:			Please list others:		
ACTIVITIES TO BE COMPLETED TO MEET GOALS					
Prenatal			Infant		
Client will:			Client will:		
<input type="checkbox"/> Keep all doctor appointments	<input type="checkbox"/> Choose a doctor and keep appointments				
<input type="checkbox"/> Keep all WIC appointments	<input type="checkbox"/> Keep all WIC appointments				
<input type="checkbox"/> Eat a nutritious diet recommended for pregnancy	<input type="checkbox"/> Keep Medicaid/MCO card current				
<input type="checkbox"/> Remain tobacco, alcohol and drug free	<input type="checkbox"/> Get all immunizations according to schedule				
<input type="checkbox"/> Maintain a smoke and substance free environment	<input type="checkbox"/> Maintain diet recommended for age				
<input type="checkbox"/> Recognize signs/symptoms of pre-term labor	<input type="checkbox"/> Provide a smoke and substance free environment				
<input type="checkbox"/> Maintain a safe environment	<input type="checkbox"/> Practice safe sleep				
<input type="checkbox"/> Report any health concerns to physician and then to DCC	<input type="checkbox"/> Provide safe care during feeding, changing and transportation				
<input type="checkbox"/> Keep Medicaid/MCO card current	<input type="checkbox"/> Bond with infant and provide adequate stimulation for growth and development				
<input type="checkbox"/> Be up-to-date with immunizations	<input type="checkbox"/> Recognize signs/symptoms of illness and seek medical care				
DCC will:			<input type="checkbox"/> Report any health concerns to physician and then to DCC		
<input type="checkbox"/> Screen for depression and help client recognize signs/symptoms			<input type="checkbox"/> Complete developmental and social screenings for infant		
<input type="checkbox"/> Promote oral health			DCC will:		
<input type="checkbox"/> Teach about components of adequate prenatal care			<input type="checkbox"/> Promote oral health		
<input type="checkbox"/> Provide education on labor and delivery			<input type="checkbox"/> Promote mother/infant bonding		
<input type="checkbox"/> Provide education on family planning choices			<input type="checkbox"/> Provide safe sleep education		
<input type="checkbox"/> Provide safe sleep education			<input type="checkbox"/> Complete domestic violence screening		
<input type="checkbox"/> Complete domestic violence screening			<input type="checkbox"/> Make referrals as needed		
<input type="checkbox"/> Make referrals as needed			<input type="checkbox"/> Establish trusting DCC/client relationship		
<input type="checkbox"/> Establish trusting DCC/client relationship			Please list others:		
<input type="checkbox"/> Educate about immunizations during pregnancy					
Please list others:					

Copy of completed, signed and dated Service Care Plan to be given to client on the date client signs the plan.

/ /	/ /	/ /
Client Signature	Date	DCC Signature

/ /	/ /	/ /
Client Signature	Date	DCC Signature

Service Care Plan Revision Line