



Responsibility and Services Plan - Child Safety

Customer Name: _____

Case Number: _____

615- CHILD SAFETY

Start Date:

Provider: _____

DCFS may assign activities that can be entered as CORE or NON-CORE activities.

Action Steps

- | | |
|--|---|
| <input type="checkbox"/> Complete all court ordered requirements, i.e. community services, support groups. | Date Added
<input type="text"/> |
| <input type="checkbox"/> Attend meetings with your caseworker and/or DCFS worker as requested. | Date Added
<input type="text"/> |
| <input type="checkbox"/> Follow through with activities in DCFS service plan. Meet as scheduled. | Date Added
<input type="text"/> |
| <input type="checkbox"/> Bring DCFS service plan to your DHS caseworker. | Date Added
<input type="text"/> |
| <input type="checkbox"/> Participate in classes or support groups. | Date Added
<input type="text"/> |
| <input type="checkbox"/> Report to: _____ at Location: _____
(Contact) | Date Added
<input type="text"/> |
| | _____
(Date) (Hours) (Min) (AM/ PM) |
| <input type="checkbox"/> _____ | Date Added
<input type="text"/> |
| <input type="checkbox"/> _____ | Date Added
<input type="text"/> |
| <input type="checkbox"/> _____ | Date Added
<input type="text"/> |
| <input type="checkbox"/> _____ | Date Added
<input type="text"/> |