

COORDINATED SERVICE PLANNING CHECKLIST

Child/Youth's Name: _____ **DOB:** _____
Service Planning Coordinator: _____ **Agency:** _____
Date Initiated: _____

		Completed
1	Before the meeting:	
	<ul style="list-style-type: none"> • Identify her/himself as the service planning coordinator to all the service agencies involved with the family. 	
	<ul style="list-style-type: none"> • Discuss the coordinated service planning process and the functions of the service coordinator with the family. 	
	<ul style="list-style-type: none"> • Arrange for an initial service coordination meeting within 60 days, if possible, of initiating contact with the family. 	
	<ul style="list-style-type: none"> • Determine if the family wants to be present for all or a portion of the meeting 	
	<ul style="list-style-type: none"> • Determine what formal services or informal support the family would like to have at the meeting 	
	<ul style="list-style-type: none"> • Determine preferred date, time and location 	
2	At the meeting:	
	<ul style="list-style-type: none"> • Act as a facilitator (or designate the role of facilitator) at the service coordination meeting 	
	<ul style="list-style-type: none"> • Ensure that the necessary consent forms are completed. Individual agencies are responsible for following their own protocols in obtaining consent 	
	<ul style="list-style-type: none"> • Assist the family in identifying strengths, needs and goals 	
	<ul style="list-style-type: none"> • Discuss who will take the lead in implementing strategies that will contribute to the achievement of the goals 	
	<ul style="list-style-type: none"> • Agree to a coordinated service plan/Single Plan of Care 	
	<ul style="list-style-type: none"> • Complete the Coordinated Service Planning Meeting form 	
	<ul style="list-style-type: none"> • Distribute copies of the form to the family and the service agencies involved with the family. 	
3	After the meeting (monitor and review):	
	<ul style="list-style-type: none"> • Contact the family regularly to determine if the plan is being implemented as intended and/or to determine if revisions are needed. 	
	<ul style="list-style-type: none"> • Maintain contact with all service providers, as needed, and notify them as services are completed and the family is discharged. 	
	<ul style="list-style-type: none"> • Review the service plan/revise SPOC every six months or less if a significant number of goals have been achieved or if there is difficulty reaching the goals. Distribute copies to all involved parties. 	