

# Kinship Support Plan

Child Name	Referral Date
State ID	Kinship Support Plan Date
County	Kinship Caregiver(s) Name
Date Kinship Support Plan Provided to Kinship Caregiver(s)	HHS Worker Name
Kinship Specialist Name	

Children involved in Plan (Names)/living with this Caregiver	Date of Birth / Age

**What strengths and family/community supports does this kinship family have?**

Who is one person you would call if you were sick and needed someone to take care of the children? If you are stranded on the side of the road who would come get you? If minimal supports are identified, how can we help you build supports? Refer to the development of the Social Network Map and the results of the Family Resource Scale. Consider whether there are any updates that need to be made to the kinship caregiver’s Social Network Map.

**What is the caregiver commitment to keep the child (ren) connected to their family of origin and their siblings?**

How are caregivers supporting reunification? Consider siblings who are not living together- is there some type of contact to support this relationship? How are caregivers participating in the family interaction plan? How are caregivers and parents communicating? Identify barriers to commitment to ongoing family connections, if any. Refer to the completed Kinship Caregiver Home Assessment Part 2.

**What are the concerns or needs for this Family / Caregiver?**

**What steps are or will be in place to help the Family / Caregiver meet this need? Include resources that will be utilized.**

**Who is responsible for putting the above steps in place to help the Family / Caregiver meet their need?**

**What is the target date to have this need met?**

**90 Day Review: What progress has been made? What additional supports are needed?**

<p><b>What are the concerns or needs for this Family/Caregiver?</b></p>
<p><b>What steps are or will be in place to help the Family / Caregiver meet this need? Include resources that will be utilized.</b></p>
<p><b>Who is responsible for putting the above steps in place to help the Family / Caregiver meet their need?</b></p>
<p><b>What is the target date to have this need met?</b></p>
<p><b>90 Day Review: What progress has been made? What additional supports are needed?</b></p>

**Add more boxes for a plan to address any additional needs identified.**