IOWA Health and Human Services

First Steps Plan

Parent Name(s)	
HHS Case Manager Name and Phone	FCS Provider Name and Phone
Date created	

Safety concern(s) resulting in a referral to ongoing services:

- ☐ Concerns about child safety or supervision
- ☐ Substance use impacting parenting
- ☐ Domestic violence in the home
- ☐ Mental health concerns or failure to meet child's mental health needs
- ☐ Lack of adequate food, shelter, or medical care
- ☐ Physical abuse
- ☐ Other: _____

Brief description of the concerns:

What needs to happen to get to reunification/safe case closure (these are the Goals or conditions that must be met):

What parents can do to get started (these are the Action Steps toward meeting the goals):

Goal:	Date Established:
Action Steps	
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Action Steps	
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Action Steps	

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Action Steps	

Goal:	Date Established:
Action Steps	

Family input regarding their plan: