



Iowa Department of Health and Human Services  
**Foster Group Care Services**  
**Qualified Residential Treatment Programs (QRTP)**  
**Service Plan/Quarterly Progress Report/Discharge**  
**Summary Report**

Contractor:

- Service Plan
- Service Plan Update/Quarterly Progress Report
- Discharge Summary

Form instructions are located with current documents for Group Care at <https://hhs.iowa.gov/child-welfare-systems/CISR>

Child Name	HHS/JCS Referring Worker
Date of Birth	Phone, Email
Parent/Guardian Name	Other Family/Kin Names:
Phone, Email	Phone, Email
Referral Date	Discharge Date
Admission Date	Service Plan Date
State ID	SP/QPR Date
County & Number	Next Report Due Date
HHS Service Area	Discharge Summary Date
Date Report provided to HHS/JCS Referring Worker	
Date Report provided to the Parent(s) or Guardian	
Date Report reviewed with the Child	
Date Report reviewed with Parent(s) or Guardian	
Caseworker Name, Phone, and Email	
Education Specialist Name, Phone, and Email	

<b>Service Planning Conference</b>
Date:
Present:

<b>Follow-Up Planning Conference</b>		
Date	Present	Brief Summary

<b>Service Plan Goals</b>			
<b>Goal I:</b>			
		Projected Completion Date:	Completion Date:
Objective:			
Objective:			
Action Steps:	Person(s) Responsible:		

Progress:
Outcome:

Goal 2:		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

Goal 3:		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

Goal 4:		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

<b>Goal 5:</b>		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

<b>Goal 6:</b>		
	Projected Completion Date:	Completion Date:
Objective:		
Objective:		
Action Steps:	Person(s) Responsible:	
Progress:		
Outcome:		

<b>Individual Child Development and Life Skills</b>	
<b>Casey Life Skills Assessment</b>	
Date:	Summary:
Reassessment Date(s):	Summary:

<b>Life Skills Plan</b>
Life Skills Plan:
Progress during Reporting Period:
Changes to Plan:
Summary at discharge:

**Family and Community Connection**

Enter Family and Community Connection Plan:

Summarize Family and Connection Activities during Reporting Period:

Summarize Community Connection Activities during Reporting Period:

Changes to Plan:

Summary at discharge:

**Crisis Intervention and Stabilization**

Enter the Crisis Intervention and Stabilization Plan:

Crisis Interventions during Reporting Period:

Changes to Plan:

Summary at discharge:

**Reintegration Planning**

Enter the Reintegration Plan:

Progress during Reporting Period:

Changes to Plan:

Summary at discharge:

**Education**

Enter the Education Plan:

Progress during Reporting Period:

Changes to Plan:

Summary at discharge:

**Physical Health**

Enter the Physical Health Summary and Identified Needs:

Supports provided and newly identified needs during Reporting Period:

Summary at discharge:

**Mental and Behavioral Health and Clinical Supports**

Enter the Mental and Behavioral Health Summary and Identified Needs and Clinical Supports:

Supports provided and newly identified needs during Reporting Period:

Summary at discharge:

**Medication Management**

Enter the Medication Management Plan:

Changes in medication and observation of the child's response to medication during Reporting Period:

Summary at discharge:

**Discharge Information**

Admission:

Discharge:

Number of days in care:

Discharge Setting:

Reason for discharge:

Family or Family-like Setting:

No     Yes:

Medications:

Service Effect:

<b>Additional Information (optional)</b>	
Caseworker Signature	Date
Supervisor Signature	Date