



Iowa Department of Health and Human Services
Child Welfare Emergency Services (CWES)
Emergency Juvenile Shelter Care Service Plan
and Discharge Summary Report

Contractor:

- Service Plan
- Service Plan Update
- Discharge Summary

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

Child Name	HHS/JCS Referring Worker
Date of Birth	Phone, Email
Parent/Guardian Name	Referral Date
Phone, Email	Admission Date
State ID	Service Plan Date
County & Number	Service Plan Update Date
HHS Service Area	Discharge 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	

Service Planning Conference
Date:
Present:

Follow-Up Planning Conference		
Date	Present	Brief Summary

Service Plan Goals		
Goal 1:		
	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:		

Family and Community Connection
Family Connection Plan
Plan:
Summary at Discharge:

Crisis Intervention and Stabilization
Individualized Crisis Intervention and Stabilization Plan
Plan:
Summary at Discharge:

Reintegration
Individualized Reintegration Plan
Plan:
Summary at Discharge:

Education
Education Plan
Plan:
Summary at Discharge:

Physical Health
Physical Health Summary and Identified Needs or Supports
Summary, needs, and supports:
Summary at Discharge:

Mental and Behavioral Health and Clinical Support
Mental and Behavioral Health Summary and Identified Needs and Clinical Supports
Summary, needs, and supports:
Summary at Discharge:

Medication Management
Medication Management Plan
Current medication regimen and changes in medication during reporting period: Child's Response, including side effects, to medication during reporting period:
Summary at Discharge:

Discharge Information	
Admission:	Discharge:
Number of days in care:	Placement of child at discharge:
Reason for discharge:	Family or Family-like Setting: <input type="checkbox"/> No <input type="checkbox"/> Yes:
Medications:	
Service Effect:	

Caseworker Signature	Date
Supervisor Signature	Date