The Connection

Plan of Safe Care

- Client is currently admitted into our long term, residential, Women and Children's, Substance Use Treatment Program.
- Our Women and Children's program provides clients with a minimum of **20-hours of substance use disorder treatment weekly**,
- Group and individual interventions include but are not limited to: Relapse Prevention, Co-Occurring Disorders, Parenting in Recovery, Anger Management/Domestic Violence, Family and Natural Supports Relations, Vocational, Discharge Planning, Trauma education, individually and/or in Group setting.
- This Plan of Safe Care provides a current picture of client's engagement in her recovery process, as of today's Date: _____

Client Name: _____ Date of Admission:_____
Client Cell/Phone: _____ Date of Birth:_____

Program: _____ Program Case Manager: _____
Address: _____
Phone: _____

Pregnancy Due Date: _____ OB/GYN Physician/Office: _____
Plans to Breastfeed? Yes☐ No☐ Plans for post-Partum contraception? Yes☐ No☐
If so, explain: _____

DCF Involved? Yes☐ No☐ If so, DCF Region: _____
If so, DCF Social Worker Name: _____ Phone: _____
Post-Discharge Plan for Mom and Baby? _____

Name of Child/ren currently in client's care: Name: _____ Age: _____
Name: _____ Age: _____
Medical/Medications:
Medication Assisted Treatment*? Yes☐ No☐ If so, Medication/Dose: _____
Prescriber Name/Agency Name: _____
Address: _____Phone: _____
Client's Drug of Choice: _____
Client:
Used Substances during pregnancy? Yes☐ No☐ Last Date of Substance Use: _____
Treated with opioids for chronic pain, during pregnancy*? Yes☐ No☐
Treated with benzodiazepines, during pregnancy*? Yes☐ No☐

Mental Health Diagnoses: _____

List of Client's Current Medications:	Dose/Frequency	Prescriber

Emergency Contact:
Name: _____ Relationship: _____
Address: _____ Phone: _____

Client/Family current Strength and Goals:

_____
_____
_____
_____

Check box (es) for all applicable services and new referrals for infant and mother/caregiver and N/A, if not applicable:

	Discussed	***Active***	***Pending/ Referred***	**Organization/Program**
Prenatal Care				
Medication Assisted Treatment				
Mental Health Treatment				
Substance Use Treatment				
Safe Sleep				
12 STEP/Recovery Groups				
Recovery Supports (Sponsor, Network, CCAR, ABH,				
Childcare				
Home visiting				
WIC				
Birth to Three/Early Childhood				
Housing Assistance				
Financial Assistance/Employment/DSS				
Parenting Groups				
Faith Based Supports				
Other				

If my baby is to remain in hospital for continued monitoring after birth, I plan to coordinate with my Case Manager and program staff to make arrangement with hospital staff, in efforts to assist with my baby's care and continue to meet my program expectations. Client initials: _____

Client Signature: _____Date: _____

Case Manager Signature: _____ Date: _____

Supervisor Signature: _____Date: _____