



**Family Support Services
Child and Family Department**

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FAMILY SUPPORT PLAN

DATE OF PLAN: _____ SERVICE COORDINATOR: _____

Family Information

Child Name: _____ Parent/Legal Guardian(s): _____

Date of Birth: _____ Address: _____ Street Apt No. City, St Zip

Social Security Number: _____

Medicaid Number: _____ E-mail Address: _____

Other Family Members in the Household:

Name:	Age:	Relationship to child in FSSP:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Information

Current School Attending: _____ Primary Educational Contact _____

Most Recent IEP Date: _____ Next Scheduled Triennial Date _____

Check any services currently provided in school and indicate how often it occurs. Please indicate if it is provided in a group setting, 1-on-1 and/or consultative:

_____ Physical Therapy _____	_____ Speech Therapy _____
_____ Occupational Therapy _____	_____ Behavior Plan _____
_____ 1:1 Paraprofessional _____	

Health Information

Is the child for whom this plan was written considered "medically fragile?" (e.g. dependent on technology such as respirators, tracheotomy tubes, or ventilators in order to survive or using medical equipment to support the child, such as a heart monitor, or a child with uncontrolled seizures for which a response while in respite care may be necessary, or other conditions requiring close medical monitoring or interventions).

Yes No

If yes, please identify how services will be provided in the event the family or care provider is unavailable due to an emergency situation or unforeseen circumstances:

Eligibility/Waitlist Information

DD Eligibility Date: _____ Eligibility Needs To Be Reviewed On: _____

Adult Services Date: _____

Miscellaneous Information

--

Identified Needs

Need	Action Step(s)	Timeline	Funding Source	Person(s) Responsible

Family Support Plan Signature Page

Child: _____

Please review these statements and initial to indicate that the statements are accurate:

_____ I have participated in the development of the Family Support Plan including the identification of needs and services

_____ I understand that any amount of Family Support funding that is requested to meet these identified needs will be requested through a written application and will be reviewed by an Allocation Committee that considers the Most in Need criteria in the decision-making process.

_____ The Family Support Coordinator has reviewed with me the Individual Consumer Rights and the Appeal Process

_____ I understand that the Service Coordinator will send a written Family Support plan within 30 days of this meeting and any changes I request to that document should be made promptly to ensure proper resolution.

Signature of Parent/Legal Guardian

Signature of Family Support Coordinator

Date

Date