

North Metro Community Services, Inc.  
1185 W. 124th Ave., Westminster, CO 80234

Resource Coordination Department  
Phone: 303-252-7199 Fax: 303-252-7355  
Business Hours: Monday through Thursday, 7 am to 5 pm  
Website – [www.nmcommserv.com](http://www.nmcommserv.com)  
Non-Business Hours Emergency Number: 303-457-1001

## Family Support Services Program

### **FAMILY SUPPORT PLAN**

#### **FAMILY INFORMATION**

Child's Name		Today's Date	pre
DOB		SSN	Med #
Parent's Names ( or legal guardian)			
Address		County	Adams
Mailing if different than residence	n/a		
Phone numbers			
E-mail			

#### **Household Members**

Name	Relationship	Disability?	DOB

#### **SCHOOL ATTENDANCE**

##### **School Name:**

- PUBLIC
  PRIVATE
  HOME SCHOOL  
 Full time 5 days a week
  Preschool/KG: days/wk \_\_\_\_\_ hrs/day\_\_\_\_  
 Limited days: \_\_\_\_\_

County: \_\_\_\_\_

District: \_\_\_\_\_

Start Date: \_\_\_\_\_

Most Current Individualized Education Program (IEP) date on file: \_1995\_\_\_\_\_

Special services your child receives in school:

- Speech Therapy
  Gross Motor Therapy (PT)
  Fine Motor Therapy (OT)  
 Behavioral Therapy/Plan
  Paraprofessional Assistant
  Other: \_\_\_\_\_

## **FAMILY NEEDS ASSESSMENT for:**

**Date:**

**Diagnosis**

### **AMBULATION/MOTOR ABILITY**

Needs (please compare to typical development):

- 0  Individual can walk independently/mobility is not limited and person has full use of hands and feet.
- 1  Individual can walk with some assistance and has use of hands and feet.
- 2  There is limited use of hands and feet and the person is unable to walk. Individual can partially assist with transfers. Individual's weight/size is not a problem.
- 3  Individual is unable to walk or move around by them selves. Individual is unable to assist with transfers, and/or their weight/size makes transfers difficult.

**Describe other concerns:**

Resources (i.e. availability of personal assistance, availability of adaptive equipment, etc.):

- 0  NO access to resources for this need.
- 1  Some access to resources for this need.
- 2  Adequate resources to meet this need.
- 3  Resources are available to completely meet this need.

**Describe resources:**

SCORE

### **HEARING**

Needs (please compare to typical development):

- 0  No hearing loss.
- 1  There is a mild hearing loss.
- 2  There is a moderate hearing loss.
- 3  There is a profound hearing loss.

Describe other concerns:

Resources (i.e. availability of hearing aids, funding sources, etc.):

- 0  NO access to resources for this need.
- 1  Some access to resources for this need.
- 2  Adequate resources to meet this need.
- 3  Resources are available to completely meet this need.

Describe resources:

SCORE

### **VISION**

Needs (please compare to typical development):

- 0  No visual condition is present.
- 1  Vision is correctable with glasses or contacts.
- 2  Reduced functional sight
- 3  There is no functional sight.

Describe other concerns:

<u>Resources</u> (i.e. availability of assistive technology, personal assistance, etc.):	
0	<input type="checkbox"/> NO access to resources for this need.
1	<input type="checkbox"/> Some access to resources for this need.
2	<input type="checkbox"/> Adequate resources to meet this need.
3	<input type="checkbox"/> Resources are available to completely meet this need.
Describe resources:	
SCORE	

**MEDICAL, DENTAL, NURSING CARE**

<u>Needs</u> (please compare to typical development):	
0	<input type="checkbox"/> Individual does not require any more medical care than routine medical visits.
1	<input type="checkbox"/> Individual requires more medical care than routine medical visits.
2	<input type="checkbox"/> Individual requires medical care for a frequent and acute illness or chronic medical condition.
3	<input type="checkbox"/> Individual has severe medical needs.
Describe other concerns:	

<u>Resources</u> (i.e. adequacy of medial coverage, etc. to have needs met):	
0	<input type="checkbox"/> NO access to resources for this need.
1	<input type="checkbox"/> Some access to resources for this need.
2	<input type="checkbox"/> Adequate resources to meet this need.
3	<input type="checkbox"/> Resources are available to completely meet this need.
Describe resources:	
0	
SCORE	

**TRANSPORTATION/TRANSPORTING**

<u>Needs</u> (i.e. Is the vehicle adequately equipped for the person with the developmental disability? Is transferring difficult? Do you spend excessive amounts of time transporting for medical appointments, etc.):	
0	<input type="checkbox"/> Individual/family has a typical transportation/transporting situation.
1	<input type="checkbox"/> Individual/family has an adequate transportation/transporting situation.
2	<input type="checkbox"/> Individual/family has an additional transportation/transporting situation.
3	<input type="checkbox"/> Individual/family has an excessive transportation/transporting situation.
Describe other concerns:	

<u>Resources:</u>	
0	<input type="checkbox"/> NO access to resources for this need.
1	<input type="checkbox"/> Some access to resources for this need.
2	<input type="checkbox"/> Adequate resources to meet this need.
3	<input type="checkbox"/> Resources are available to completely meet this need.
Describe resources:	
SCORE	

## SELF-HELP SKILLS

Needs (please compare to typical development):

- 0  Individual is able to consistently perform self-help skills.  
1  Individual requires verbal reminders to start/complete some self-help tasks, but may need hands-on assistance.  
2  Individual requires verbal reminders to start/complete self-help skills and needs hands on assistance.  
3  Individual requires total care not consistent with others their age.

Describe other concerns:

Resources (i.e. availability of personal assistance by family members, neighbors or others):

- 0  NO access to resources for this need.  
1  Some access to resources for this need.  
2  Adequate resources to meet this need.  
3  Resources are available to completely meet this need.

Describe resources:

SCORE

## SUPERVISION, ATTENDANCE, PHYSICAL CARE

Needs (please compare to typical development):

- 0  Supervision is typical with age.  
1  Individual needs occasional supervision/attendance.  
2  Individual requires frequent supervision/attendance.  
3  Individual requires 1-on-1, continual supervision/attendance.

Describe other concerns:

Resources (i.e. shared care giving in the home, support by extended family, neighbors, etc.):

- 0  NO access to resources for this need.  
1  Some access to resources for this need.  
2  Adequate resources to meet this need.  
3  Resources are available to completely meet this need.

Describe resources:

SCORE

## BEHAVIOR

Needs (Inappropriate behaviors against self, others, and/or property, running, wandering, spontaneous crying and screaming):

- 0  There are no behavioral concerns.  
1  There are mild behavioral concerns.  
2  There are moderate behavioral concerns.  
3  There are high behavioral concerns.

Describe other concerns:

Resources (i.e. breaks from care giving, community mental health support, behavioral intervention at school):

- 0  NO access to resources for this need.  
1  Some access to resources for this need.

2	<input type="checkbox"/>	Adequate resources to meet this need.
3	<input type="checkbox"/>	Resources are available to completely meet this need.
Describe resources:		
SCORE		

### SLEEP PATTERNS

<u>Needs</u> (please compare to age appropriate sleep patterns):		
0	<input type="checkbox"/>	There are no sleep problems.
1	<input type="checkbox"/>	There are mild disturbances in sleep pattern.
2	<input type="checkbox"/>	There are moderate disturbances in sleep pattern.
3	<input type="checkbox"/>	There are high disturbances in sleep pattern. (Caregivers rarely get a full night's sleep due to sleep patterns of their child.)
Describe other concerns:		
<u>Resources</u> (i.e. shared care giving, breaks from constant supervision, etc.):		
0	<input type="checkbox"/>	NO access to resources for this need.
1	<input type="checkbox"/>	Some access to resources for this need.
2	<input checked="" type="checkbox"/>	Adequate resources to meet this need.
3	<input type="checkbox"/>	Resources are available to completely meet this need.
Describe resources:		
SCORE		

### COMMUNICATION

<u>Needs</u> (please compare to typical development):		
0	<input type="checkbox"/>	Individual can understand and carry on a conversation either verbally or nonverbally. If an infant, child can make needs known adequately.
1	<input type="checkbox"/>	Individual can communicate and can understand simple phrases.
2	<input type="checkbox"/>	Individual uses personal language, gestures or augmentative computer system but take a long time to communicate
3	<input type="checkbox"/>	Individual has limited ways of communicating or understanding verbal or non-verbal language.
Describe other concerns:		
<u>Resources</u> (i.e. availability of communication devises, knowledge of sign language, etc.):		
0	<input type="checkbox"/>	NO access to resources for this need.
1	<input type="checkbox"/>	Some access to resources for this need.
2	<input type="checkbox"/>	Adequate resources to meet this need.
3	<input type="checkbox"/>	Resources are available to completely meet this need.
Describe resources:		
SCORE		

### SOCIAL

<u>Needs</u> (please compare to age appropriate development):		
0	<input type="checkbox"/>	Family functioning does not seem affected by having member with a developmental disability in the home.
1	<input type="checkbox"/>	Family members perform routine tasks (i.e. grocery shopping, etc.) with some difficulty,

and there is little outside community involvement. Routine leisure and family activities are slightly affected.

2  Family can accomplish routine tasks with difficulty. Routine leisure and family activities are highly affected. The family continues to try to be involved in the community but it is difficult.

3  Family members have little outside community involvement (excluding employment), and even routine tasks (i.e. grocery shopping) are affected. Routine leisure activities for all family members are reduced and very rare.

Describe other concerns:

Resources (i.e. shared care giving, support by extended family, neighbors, church or community organizations, etc.):

0  NO access to resources for this need.

1  Some access to resources for this need.

2  Adequate resources to meet this need.

3  Resources are available to completely meet this need.

Describe resources:

SCORE

## FAMILY STRESSES

0 = NO STRESS to 3 = HIGHLY STRESSFUL

Relationships are strained within the family.

There are other children or adults (including caregiver) with disabilities/illnesses in the home.

Brothers or sisters show signs of stress due to a family member with a disability living at home.

There has been a divorce, separation, death or addition of a family member living in the home.

Caregiver spends excessive time away from job to meet the needs of the person with a disability.

Caregiver spends excessive time coordinating various needs for person with the disability.

There is stress on the caregiver.

Caregiver is unable to work full time due to needs of person with the disability.

Caregiver has had to quit working to provide care of the family member with a developmental disability.

Caregiver experiences additional difficulties due to their own aging or physical limitations.

**Family Stresses Total Score:**

**Areas of Need Total Score:**

**Most in Need TOTAL Guideline Score =  
Areas of Need + Family Stresses Score:**

## **MEDICAL INFORMATION**

**Plan for Emergency Medical Care: For families with children with extensive behavioral and/or medical needs.**

This does not apply to our child.

Our family has a back up person who would take care of our child/children in your absence.

NO  YES

If YES, who would take care of your child/children if you and/or your spouse/partner were unable to meet medical or other needs due to an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If you do not have an emergency plan in place, please consider finding an alternative back up caregiver. This back up person should have specific written instructions for the care of your child in case of your absence.**

### **Other Resources:**

- Private Insurance Company :
- Medicaid
- Social Security Insurance
- Food Stamps
- TANIF program
- Others in the community upon occasion.

**Specific services and/or supports related to our child with the disability and family in order of priority.**

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## **WAITING LISTS**

**Our records indicate your child is on a waiting list for the program(s) checked below.**

**Your child is not on any waiting list at this time.**

If you would like information about any of the programs listed, please contact the FSSP Resource Coordinator at 303-255-6587.

**Model 200 Program** For medically fragile children birth through 17 years who are **not** eligible for Medicaid.

TIMELINE:

- As soon as available. (When your child's name comes to the top of this waiting list, you will be contacted.)
- Safety net (In case of an emergency.)

- Children's Extensive Services** For children experiencing severe behavioral issues birth through 17 years.  
TIMELINE:  
 As soon as available. (When your child's name comes to the top of this waiting list, you will be contacted.)  
 Safety net (In case of an emergency.)
- Autism Waiver** For children between 3 and 6 years old. Children must have a medical diagnosis of Autism to qualify.  
All children are on a time line of "as soon as available."
- Supported Living Services** For children 14 years old and older: person specific services and supports –At age14 your child will automatically be placed on this waiting list. Please indicate your preference.)  
TIMELINE:  
 As soon as available. (When your child's name comes to the top of this waiting list, you will be contacted.)  
 Safety net (In case of an emergency.)
- Adult Comprehensive Services** For children 14 years old and older. (day and residential programs- At age14 your child will automatically be placed on this waiting list. Please indicate your preference.)  
TIMELINE:  
 As soon as available. (When your child's name comes to the top of this waiting list, you will be contacted.)  
 Safety net (In case of an emergency.)

## **HOW FSSP PROVIDES SUPPORT/SERVICES TO FAMILIES**

- Funds are allocated according to the families most in need as required by the Colorado State Legislature.
- The Supported Living Services Director will contact you if you are eligible for ongoing monthly funding.
- **Completion of this plan does not guarantee funding.**

Name:

201

**RETURN THIS PAGE ONLY** to  
RESOURCE COORDINATION DEPARTMENT in the envelope provided.

**PARENT RESPONSIBILITY & SIGNATURE PAGE**

Review the plan. If there are any changes or additions to be made, please call Roberta Mansfield immediately at 303-255-6587.

If the information in this plan is correct, sign and date this page.

**Please return this page only to:**

**Roberta Mansfield, RC  
1185 W. 128 Ave.  
Westminster, CO 80234  
FAX: 303-252-7355**

**Sign and date this plan below.** 

- \* I developed this plan for the benefit of the child enrolled in NMCS with the FSSP Resource Coordinator.
- \* I understand this plan is valid for one year from the date I signed it as long as this child lives with a family member in Adams County.
- \* I will contact the FSSP Coordinator if this plan needs to be amended for any reason.
- \* I have received a copy of the Rights of Families with Eligible Children statement and Explanation of Appeal Process.



\_\_\_\_\_ **Parent/Guardian's Signature**

\_\_\_\_\_ **Date**



Return the THIS PAGE ONLY and the Release of Information Form.

This completed copy of the Family Support Plan statement is for you to keep.

DATE: \_\_\_\_\_ FSSP Resource Coordinator: \_\_\_\_\_  
**Roberta Mansfield** Forms/FSP 08

**KEEP THIS PAGE FOR YOUR RECORDS.**  
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\_\_\_\_\_

**Parent/Guardian's Signature**

\_\_\_\_\_

**Date**



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DATE: \_\_\_\_\_ FSSP Resource Coordinator: \_\_\_\_\_

**Roberta Mansfield**

Forms/FSP 08