

STATE OF MARYLAND - DEPARTMENT OF HUMAN RESOURCES  
IN-HOME SERVICES PROGRESS REVIEW

Case Head: Case ID: Date of INFS Progress Review:

I. CASE STATUS

A. REASON PROGRESS REVIEW COMPLETED:

B. CURRENT PROGRAM TYPE AND TIMELINES:

Present Subprogram:  
Date Opened in Present Subprogram:  
Date to Be Closed in Present Subprogram:  
Date Case Review Due in Present Subprogram:

II. FAMILY SUMMARY

A. FAMILY MEMBERS:

Names	Date of Birth
	00/00/0000

B. SUMMARY OF REASON FOR CURRENT SERVICE:

Safe-C Date: 00/00/0000  
Safety Decision:  
Safety Plan Initiated:  
Risk Assessment Date: 00/00/0000  
Overall Risk Rating:  
Summary:

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C. GENERAL INFORMATION ABOUT FAMILY MEMBERS AND THE  
HOUSHOLD:

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D. CHILD(REN) AND FAMILY STRENGTHS/WEAKNESS:

E. DISCUSS NEW REFERRALS FROM SCREENING/INTAKE:

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F. RECEIVED NOTIFICATION FROM FIA REGARDING SANCTION:

Received Notification:

Explain:

G. PRELIMINARY ALCOHOL AND OTHER DRUGS SORT (PADS) FORM:

Positive Response Indicated on Most Recent PADS?

Treatment Issues, Significant Problems, Overall Strategy:

H. COURT INVOLVEMENT AND CURRENT STATUS:

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III. COLLABORATIVE SERVICE PLANNING/EVALUATION

A. IDENTIFICATION OF TARGET AREAS OF SERVICE:

Family's Perception of Safety, Risk, Permanency, and Well-Being Issues:

Agency Assessment of Safety, Risk, Permanency, and Well-Being Issues:

Convergence on Safety, Risk, Permanency, and Well-Being Issues Targeted for Intervention:

B. DEVELOPMENT OF SERVICE PLAN WITH FAMILY:

Family Member	Opportunity Given	Signed Plan	Disagreement Areas/Resolution
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C. EVALUATION OF SERVICE EFFECTIVENESS:

Services Employed to Meet Objectives:

Client Name	Service	Actual Begin Date	Actual End Date
		00/00/0000	00/00/0000

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Explain How Services Enabled Family to Meet Objectives:

Discuss Barriers for Achievement of Goals and Objectives:

Issues Needing Further Attention:

**IV. SERVICE STATUS DECISION**

**A. DOES THIS FAMILY NEED FURTHER SERVICES:**

- Yes, Agency Services Needed Or Continued  
 Service Remains Open in Current Subprogram

Subprogram Assignment Recommended:

Continuation of Out-of-Home Care Recommended:

Recommended Court Action:

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- Family Referred for AOD Assessment
- Yes, Administrative Approval For Agency Services Needed
  - Administrative Extension for INFS beyond Mandated Timeframes
    - Expected Amount of Time Needed for Extension:
    - Reason for Requested Administrative Extension:

Supervisor Concurs with Recommendation:

Extension Approval Until: 00/00/0000

- SSA Policy Analyst Approved
- Yes, Referral Made to Agency or Provider
- No, Services Are Not Required by this Agency; Recommended for Closure/Transfer
  - No Safety/Risk Interventions; No Court Involvement
  - Objectives Achieved
  - Family Refuses Services; Insufficient Evidence to Petition Court
  - Worker/Family Created Plan for Closing/Transfer, Service Progress and Need of Other Services or Referrals
  - Intended Action Letter Sent

**B. COMMENTS TO SUPPORT SERVICE RECOMMENDATION:**

**V. AUTHORIZATIONS**

		00/00/0000	( ) -
WORKER NAME	TITLE	REQUEST DATE	TELEPHONE NUMBER
		00/00/0000	( ) -
SUPERVISOR NAME	TITLE	APPROVAL DATE	TELEPHONE NUMBER
		00/00/0000	( ) -
ADMINISTRATOR NAME	TITLE	APPROVAL DATE	TELEPHONE NUMBER