

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 Approves
- 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