



FAMILY SUPPORT / COMMUNITY SERVICES / SAFETY PLAN

State Form 53243 (R2 / 3-13)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. Give a copy of this plan to the family, the monitor, and the court.
 2. Place a copy of this plan in the DCS file.
 3. Use additional forms as needed; complete the page numbers in the upper right corner.

Date initiated (month, day, year)					MaGIK identification number				
Adult household members	Date of birth (month, day, year)	Male / Female	Role	Relationship	Minor household members	Date of birth (month, day, year)	Male / Female	Role	Relationship

Brief description of circumstances:

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This plan is to include details concerning the safety of all minor household members. It must include details regarding what will be done by whom and who will monitor the activity or action, including any service provider referrals.

Name of Child	Plan to Ensure Safety	Monitored By

NOTE: Any non-compliance must be reported immediately to the Department of Child Services and may result in further action.
Report to:

Signature of parent / caregiver	Date (month, day, year)	Signature of parent / caregiver	Date (month, day, year)
Signature of other (relationship)	Date (month, day, year)	Signature of other (relationship)	Date (month, day, year)
Signature of Family Case Manager	Date (month, day, year)	Signature of reviewing supervisor	Date (month, day, year)