



Kids deserve the best.

**FAMILY FINDING**  
**INITIAL SERVICE PLAN**

**Client Name:**  
**DOB:**

**Family Finding Specialist:**  
**Phone No.:**

**WISACWIS Person ID#:**

**Family Finding Supervisor:** Malorie Peter  
**Phone No.:** 414-231-4843

**Case Open Date:**

**Date of Plan:**

<b>I. Identifying Information:</b>			
List all Team Members:			
Child's Mother: Address: Telephone (H): Telephone (W):		Current caretaker: Address: Telephone:	
Child's Father: Address: Telephone (H): Telephone (W):		<b>Child:</b> DOB: Address: Telephone:	
Referring Worker: Address: Telephone: Supervisor: Telephone:		Team/Family Member: Affiliation/Relationship: Address: Telephone:	
Team/Family Member: Affiliation/Relationship: Address: Telephone:		Team/Family Member: Affiliation/Relationship: Address: Telephone:	
Team/Family Member: Affiliation/Relationship: Address: Telephone:		Team/Family Member: Affiliation/Relationship: Address: Telephone:	

<b>Outcome:</b>
1. Referring worker's desired outcome (from referral and intake form):
2. Any known change to outcome sought:
<b>Assessment of needs for service:</b>
<b>Goals:</b>
1.
2.
3.
<b>Actions steps:</b>
1.
By whom:
By when:
2.
By whom:
By when:
3.
By whom:
By when:
<b>Family Finding activities made to date toward achieving goals (i.e. searches, mail contacts, phone contacts, internet contacts, face-to-face contacts, file dive, etc.):</b>

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Supervisor Signature**

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

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

cc: Referral Source  
Child File