

**Shared Family Care
INDIVIDUALIZED FAMILY PLAN (IFP)**

National AIA Resource Center, School of Social Welfare, University of California at Berkeley

Participant Family Name (head of household):

Date of placement: ____/____/____ Date IFP completed: ____/____/____

Mentor Family

Name: _____ Phone #: _____

Child Welfare Worker:

Name: _____ Phone #: _____

Extended Family Members:

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Other Members of Family Support Team:

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____ Phone #: _____
Address: _____

Reason for placement in Shared Family Care:

Participant Name:

Summary of relevant psychological, neurological, physical, educational information:

Strengths:

Areas of concern:

Placement goals:

1.

2.

3.

4.

Anticipated date of placement termination: ____/____/____

Participant Name:

PLACEMENT GOAL #1:

Indicators of progress:

Tasks to be completed	By Whom	By When	Date Completed

Comments/notes:

Date Goal Completed: ____/____/____

Participant Name:

PLACEMENT GOAL #2:

Indicators of progress:

Tasks to be completed	By Whom	By When	Date Completed

Comments/notes:

Date Goal Completed: ____/____/____

Participant Name:

PLACEMENT GOAL #3:

Indicators of progress:

Tasks to be completed	By Whom	By When	Date Completed

Comments/notes:

Date Goal Completed: ____/____/____

Participant Name:

PLACEMENT GOAL #4:

Indicators of progress:

Tasks to be completed	By Whom	By When	Date Completed

Comments/notes:

Date Goal Completed: ____/____/____

