

# Minnesota Department of Human Services Adolescent Parent Assessment and Service Plan

Family name:	County case #:
Plan dates:     /   /   --   /   /	Next review date:     /   /
Worker name:	Worker phone:

## Adolescent Mother's Information

Custodial parent

Name:	Date of Birth:     /   /
Address:	

Type	Phone	Extension
Home		
Work		
Cell		

Email Address

## Father's Information

Custodial parent

Name:	Date of Birth:     /   /
Address:	

Phone Type	Phone	Extension
Home		
Work		
Cell		

Email Address



Name (Relationship)	Email		
Address	Phone Type	Number	Extension

Notes:

## Health Care

Provider	Regarding
Phone	Email
Most Recent Appointment	Next Appointment
Address	Medical Concerns
	Regarding: <input type="checkbox"/> Mother <input type="checkbox"/> Infant
	Regarding: <input type="checkbox"/> Mother <input type="checkbox"/> Infant
	Regarding: <input type="checkbox"/> Mother <input type="checkbox"/> Infant
	Regarding: <input type="checkbox"/> Mother <input type="checkbox"/> Infant

## Parent Plan

Have you made a final decision to keep the baby or would you like some information on adoption and/or counseling services?

Who provides support, guidance and supervision to you? Who helps you with the baby? How do they help you?

## Parenting Information and Support

A Public Health Nurse can help you with information and support on how to care for a baby, for example, how to make feeding easier, how to know when your **baby is sick and needs to see a doctor, what's typical** for a parent to feel when they have a baby, etc.

Would you like a Public Health Nurse to visit?  Yes  No

In parenting classes you get to meet other parents who have babies the same age as your baby. They talk about what is important to know about babies at that age, for example, how to get your baby to sleep, how to play with your baby, how to help him or her stop crying, etc.

Would you like information about parenting classes?  Yes  No

## Paternity

Is the father of the baby involved?

Yes  No

If so, how is he involved? What does he do to care for the baby, to support you, etc.?

Have you decided what to do in terms of establishing the father of the baby as the "legal" father?  Yes  No

If you are not married to the father of the baby you and he will need to establish his fatherhood legally. You can do this one of two ways:

- If both parents agree, they can sign a form naming him as the father. This form needs to be notarized and filed with the Minnesota Department of Health (MDH), Office of the State Registrar.
- Or, if both parents don't agree, you can establish the father's paternity by going to court.

Your county/tribal social worker can help you make a decision and follow through with what you decide.

Here is a link to the MN Department of Human Services website with more information **Minnesota Voluntary Recognition of Parentage:** (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3159-ENG>).

Here is a link to more information about legal issues regarding legally establishing the father of the baby as the 'legal' father: **Being a "Legal" Father - Basics of Paternity:** (<http://www.mncourts.gov/selfhelp/?page=345#What%20is%20paternity>).

You can also get a copy of this booklet for more information: **Being a Legal Father: Parentage information for mothers and fathers:** (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3159A-ENG>) by looking on the DHS website link or call your county social/tribal services office.

## Housing

With whom are you presently living? What do you think about where you are living now? Is it a good place for you and your baby? Why or why not?

Do you plan to continue your present living arrangement?       Yes    No

Explain:

Would you like assistance with finding a place to live?       Yes    No

## Financial Support

Sources of financial support:

- WIC
- SNAP
- MFIP
- Employment
- Child Support

## Financial worker

Name:

Phone:

Email:

How are you supporting yourself financially? Is anyone helping you and the baby financially?

Do you plan to continue this arrangement of support?

Yes  No

Explain:



How do you plan to pay for food, diapers, and other expenses for the baby?

Do you need help arranging other types of financial support?

## Mother's Employment

Fill out this section only if the adolescent mother is the custodial parent.

Do you have a job now? Do you plan to work after the baby is born? Where?

What job skills do you have?

Where have you been employed?

Do you need assistance finding a job?

## Father's Employment

Fill out this section only if the father is the custodial parent.

Do you have a job now? Do you plan to work after the baby is born? Where?

What job skills do you have?

Where have you been employed?

Do you need assistance finding a job?

## Mother's Education

Fill out this section only if the adolescent mother is the custodial parent.

Are you attending school? If so, what school are you attending?

What is the last grade in school that you have completed?

What are your education goals?

Do you need assistance getting back into or staying in school?

## Father's Education

Fill out this section only if the father is the custodial parent.

Are you attending school? If so, what school are you attending?

What is the last grade in school that you have completed?

What are your education goals?

Do you need assistance getting back into or staying in school?

## Parenting Education and Child care

Have you had experience or education about taking care of infants and young children?  Yes  No

Explain:

What do you think being a parent will be like for you?

Do you have reliable child care for the times when you need to be at school or work?  Yes  No

Explain:

If not, do you need assistance to find child care?

How do you plan to pay for child care?

**Transportation**

Do you have any problems with transportation for work or school?

Do you need assistance finding transportation?

## Health and Insurance

Has a Child and Teen Check-up (EPSDT) been completed or scheduled for the infant?  Yes  No

Are there any health concerns for you or your child as a result of this or other screenings that affect your ability to participate in school?

Did you know that you could get pregnant again right away? Do you plan to have another baby? When? If not, what methods of birth control are you interested in using?

Would you like a referral to a clinic that can help you with confidential birth control information and decision making?  Yes  No

Do you have health insurance for you and your baby?

Do you need assistance finding health insurance?



## Support

Does your family offer you support for going to school or work? How do they support you?

Do you have other friends or family or neighbors, teachers, etc. who support you with school, work, child care, transportation, by listening to you, etc.? Tell me what types of support you have:

## Additional Support Needs

- History of abusing or using alcohol or drugs
- Obtained treatment for substance abuse or chemical dependency

What type of treatment and when?

- Used alcohol or drugs during your pregnancy

Identify the substance used, frequency, when during the pregnancy did the substance abuse occur or stop, etc.:

Prior involvement in a family or dating relationship that was violent

Please describe:

Currently involved in a violent relationship with a boyfriend/girlfriend or family member

Describe:

Needs assistance seeking an Order for Protection from a violent person

Explain:

Arrested or charged with a delinquency or criminal offense

Currently involved in the court or court services (probation) department

What services or supports do you need related to the court involvement?

## Visit Summary

Is there anything else that you would like to talk about?

Do you have any questions about your pregnancy or baby?

## Service Plan

The first goal is for you to complete an appropriate education option. If you receive public assistance, State and **Federal law requires that you attend school.** (See "Notice of Requirement to Attend School" DHS-2961). We will assist you in achieving this education goal.

My long-term education goal is:

As a first step to meet my education goal, I plan to:

I would like to help with these items and these are the ones I think are most important:

School planning  High  Medium  Low

Child care planning  High  Medium  Low

Transportation  High  Medium  Low

Medical assistance/health insurance  High  Medium  Low

MFIP education/employment compliance  High  Medium  Low

Medical appointments  High  Medium  Low

Parenting education  High  Medium  Low

Family planning  High  Medium  Low

Establishing paternity  High  Medium  Low

**Relationship with baby's other parent**  High  Medium  Low

Domestic abuse/safety issues  High  Medium  Low

Abuse/neglect issues  High  Medium  Low

Financial assistance  High  Medium  Low

Living arrangements  High  Medium  Low

Independent living skills  High  Medium  Low

Counseling  High  Medium  Low

Legal issues  High  Medium  Low

Relationship with your parent(s)  High  Medium  Low

Employment assistance  High  Medium  Low

Public Health Nurse  High  Medium  Low

Other priorities:

[Empty box for listing other priorities]

Referrals were made to the following community agencies for specialized services:

[Empty box for listing referrals to community agencies]

## Signature Setup

1. I agree to accept adolescent parent services, and agree to follow the service plan I have developed with the social worker.
2. I will be responsible for meeting the social worker as needed. My social worker will be responsible for supporting me to find and use community resources. The social worker and I will track the progress I make with the plan by contacting the other people who support me – for example, my teacher or Public Health Nurse. If either of us thinks that the plan needs to be changed we will talk about it and make a decision together.
3. I will be responsible for notifying the social worker of any changes such as address, phone number, scheduled appointment, etc.

## Signatures

Signature	Date	This plan was explained to me		I received a copy of this plan	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For the Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.**