

Children's Personal Care Services Care Plan

Child's Name:
Assessor's Name:

Date of Birth:
Screen Date:

Children's Personal Care Services Goals:
(must include at least one goal related to activities of daily living)

| ADL Domain: <i>dress</i> ing, <i>bat</i> hing, <i>groom</i> ing, <i>mob</i> ility, <i>toilet</i> ing, <i>feed</i> ing | Goal: | Strengths/Assets to Implement Goal: | Needs/Concerns to Implementing Goal: | Natural Supports Available: |
|--|-------|---|--|--------------------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

Parent/Guardian: *I acknowledge that the CPCS Care Plan was created with my input.*

Parent/Guardian Signature

Date

Assessor: *I acknowledge that I completed the CPCS Care Plan with input from the parent/guardian*

Screener Signature

Date