**SERVICE PROVISION FORM**

*(Complete one form for each service, resource, or program a family member engages in or is referred to.)*

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| *For office use only:* | **Family ID:** | **Family Member ID:** |
| **Last Name:** | **First Name:** | **Nickname** *(preferred name)***:** |

1. **Select the service, resource, or program:**

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| **Category A – Evidence-based Parent Education Classes** | | |
| □ Active Parenting 4th Edition | □ Nurturing Birth, Foster, and Kinship Families | □ Parenting Journey in Recovery/ Sober Parenting |
| □ Active Parenting the 1st 5 Years | □ Nurturing Families and Adolescents | □ Parenting Wisely – Group Sessions |
| □ Active Parenting of Teens | □ Nurturing Families Program | □ Parenting Wisely – Individual Sessions |
| □ Active Parenting Cooperative Parenting and Divorce | □ Nurturing Fathers Program | □ Peaceful Parenting |
| □ ARC Parent Support Groups | □ Nurturing Hope (children with disabilities) | □ PeaceJam |
| □ Co-Parenting & Conflict Resolution | □ Nurturing Young Fathers | □ Positive Discipline |
| □ Early STEP | □ Parent Cafés | □ Positive Parenting Program (Triple P) |
| □ Guiding Good Choices (GGC) | □ Parenting in America | □ Positive Solutions |
| □ Mommy and Me | □ Parenting Journey I | □ Powersource Parenting |
| □ Nurturing African American Families | □ Parenting Journey II | □ Teen Intervene |

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| **Category B – Mutual Self-help Groups** | | | |
| □ Alanon/Alateen | □ Grandparents | □ Parent Support in Portuguese | □ Playgroup |
| □ Autism | □ Grief | □ Parent Support in Spanish | □ Recovery (AA/NA) |
| □ Clinical Group Intervention | □ LGBTQ | □ Parent Support English | □ Teen Leadership Development |
| □ Parent Leadership Development |
| □ Domestic Violence | □ Parent Support in Haitian Creole | □ Parenting of Teens | □ Teen-Parent |
| □ Fathering Support Group | □ Parent Support in Other Languages | □ Parents Helping Parents | □ Youth/Teen |

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| **Category C – Life Skills/Education Programs** | | | |
| □ Adult Education (Hi SET/GED, Job Training, ESOL) | □ Computer Literacy | □ Legal Clinics | □ Nutrition Education |
| □ Anger Management | □ Financial Literacy | □ Mentoring | □ Peace at Home |
| □ Behavior Management | □ Household Management | □ Mindfulness Program | □ Stress Management |
| □ Teen Life Skills Building |

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| **Category D – Family & Individual Support** | | |
| □ Application Assistance | □ DCF Family Visit Support | □ Outreach to Family Member Attempted - Did Not Reach Family |
| □ Career Planning/ Job Search/ Application Support | □ Dialectical Behavioral Therapy (DBT) |
| □ Case Management | □ Domestic Violence Services | □ Parent-Child Activity |
| □ Check-in Support | □ English as a Second Language (ESL) | □ Reunification Meeting |
| □ Child Care (Emergency or Ongoing) | □ Family Planning, Pregnancy, Breastfeeding Support | □ Social/Networking Activity or Engagement |
| □ Child Development Information | □ LGBTQIA+ Support | □ Substance Abuse Services |
| □ Clerical Support | □ Non CRA-Related Family Meeting | □ Support for Application for DDS |

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| **Category E – CRA Services** | |
| □ Commercial Sexual Exploitation of Children (CSEC) Services | □ CRA-Related Family Meeting |
| □ Completed Family Strengths and Needs Assessment | □ CRA-related Referral to External LMHC |
| □ CRA Family Support Plan | □ CRA-Related School Meeting |
| □ CRA-Related Bridge Therapy | □ Declined CRA Family Support Plan |
| □ CRA-Related Court Meeting | □ Declined Family Strengths and Needs Assessment |

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| **Category F – Outreach/Advocacy on Behalf of the Family** | | | |
| □ After and/ or Out-of-School Programs | □ Court | □ Law Enforcement | □ Pediatrician (non-MCPAP) |
| □ Behavioral Health Providers | □ Crisis Hotline | □ Massachusetts Child Psychiatry Access Program (MCPAP) | □ Probation |
| □ Community Connection Coalitions | □ DCF Consultation | □ Medical Providers | □ School |
| □ Community Organizations | □ Early Intervention | □ Neighborhood Associations | □ Tutoring Services |

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| **Category G – Network Social Services & Supports** | |
| □ Cash Assistance/ TANF DTA | □ MassHealth PT-1 application |
| □ DTA Other | □ Residential Programs |
| □ Family Law | □ SNAP/WIC (Supplemental Nutrition Assistance Program/Women, Infant, & Children Nutrition Program)/ DTA |
| □ Health Insurance/MassHealth Applications |
| □ HLA/MHAP | □ SSI/SSDI |
| □ Immigration/Citizenship | □ Translation Services |

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| **Category H – Basic Needs** | |
| □ Baby Formula/Diapers/Wipes | □ Holiday Assistance |
| □ Backpack/School Supplies | □ House Cleaning Products |
| □ Car Seats/Pack and Plays/Strollers | □ Housing/Rent |
| □ Clothing | □ Hygiene Products |
| □ Food (Pantry or Meals) | □ Miscellaneous Clerical Support (Faxing, Photocopy) |
| □ Furniture | □ Transportation Support (Token, Card, A Ride) |
| □ Gift Cards | □ Utilities |

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| **Category I – Assessments, Medical & Behavioral Health** | |
| □ Attention Deficit/ Hyperactivity (ADD/ADHD) Assessment | □ Hearing Screening |
| □ ASQ | □ Learning Disabilities Assessment |
| □ Autism Spectrum Assessment | □ Neuropsychiatric Evaluation |
| □ Crisis Assessment | □ Special Education Evaluation/ CORE |
| □ Developmental Disabilities Assessment | □ Zero-to-Three Assessments |

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| **Category J – Services, Health & Mental Health** | | | |
| □ Behavioral/ Mental Health | □ Dental Care | □ Non-CRA Related Bridge Therapy | □ Vision Care |
| □ Crisis Services | □ Medical (PCP, Health Centers) | □ Substance Abuse Treatment |

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| **Category K – School Related Services & Supports** | |
| □ 504 Plan Support | □ Reentry School Meetings |
| □ Assistance with Filing DOE/DESE Complaint | □ School Avoidance |
| □ Assistance with Reviewing Tests/Evaluations | □ School Registration Assistance |
| □ Early Childhood Education (For Children Under 5) | □ School Transportation |
| □ FAFSA Support | □ Students with Limited or Interrupted Formal Education (SLIFE) |
| □ IEP Support |
| □ Out-of-District Placement Meeting | □ Support School Bullying |

1. **Service provided information:**

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| **Service Provided By** | **Service Provided During** | |
| □ FRC Staff Only  □ External Partner  □ Collaboration | □ Fire/ Infrastructure Emergency  □ Homelessness  □ Natural Disaster  □ New Arrival  □ Public Health Emergency | □ Unknown  □ COVID-19  □ Response to Unforeseen Consequential Event  □ Not Applicable |

1. **Service, resource, or program information:**

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| **Service Date** | **Service Provision Managed By**  (staff name that provided the service) | **Referred Out?** | **Provider Referral**  (also see Form D1 - Provider Referral) |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
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1. **Notes**

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