

Family Wellness Plan

A Family Wellness Plan is a working document that will support parents and caregivers as they are navigating the challenges of caring for a baby.



- Through this plan you will be given strengths-based support to:
- 1) identify your goals,
 - 2) identify the supports that you already have, and those you need, and
 - 3) get connected to services
- *Note that the hospital is required to offer this plan, but your participation is voluntary.

The information included in the Family Wellness Plan is geared towards supporting you and your family. Please feel free to fill out this document with the information you feel is most relevant and helpful.

Date

Parent's Name

Preferred Name

Preferred Language

Phone Number

Address

Hospital Name

Parent's Doctor's Name

Doctor's Phone Number

Navigator's Name

Navigator's Phone Number

Navigator's Email

Name of Supportive Friend/Family Member

Supportive Person's Phone Number

My Notes:

(This is a place to include any notes about upcoming appointments, contacts to remember, or anything else.)



*This plan acts as the Plan of Safe Care under Child Abuse Prevention and Treatment Act (CAPTA) and the Comprehensive Addiction and Recovery Act (CARA) legislation.

Family Wellness Plan

Identifying Goals:

What are your goals for yourself and your baby over the next year?

Strengths and Supports:

What strengths and supports do you already have that we can build on to help you achieve your goals, and in what areas do you need support to achieve your goals?

Monitoring and Supporting Babies' Health and Development:

Strengths:

Supports needed:

Social Support:

Strengths:

Supports needed:

Baby Supplies and Resources:

Strengths:

Supports needed:

Dealing with Stress:

Strengths:

Supports needed:





Family Wellness Plan

What services are you and your family already engaged in? What new referrals might help you meet your family's needs as identified above?

Resource/Service	Already Participating	Would Like to Learn More	Referral/ Enrollment Date	Organization
Substance Use Services	Outpatient: Residential:		Referred for Level of Care Assessment: Enrolled:	Name: Phone #:
Mental Health Counseling			Referred: Enrolled:	Name: Phone #:
Breastfeeding Assistance			Referred: Enrolled:	Name: Phone #:
Child Care			Referred: Enrolled:	Name: Phone #:
Home Visiting			Referred: Enrolled:	Name: Phone #:
Parenting Class			Referred: Enrolled:	Name: Phone #:
Family Resource Center			Referred: Enrolled:	Name: Phone #:
WIC			Referred: Enrolled:	Name: Phone #:
Financial Assistance			Referred: Enrolled:	Name: Phone #:
Other:			Referred: Enrolled:	Name: Phone #:
Other:			Referred: Enrolled:	Name: Phone #:

Family Wellness Plan



My Baby's Information

Baby's Name

Baby's Date of Birth

Baby's Sex

Male

Female

Weight

Length

Baby's Doctor's Contact Information

Baby's Doctor's Name

Medical Office Name

Telephone

Medical Office Address

Well-Child Care Visit Notes

Special Care Needs for Baby to Remember

