



**Kinship Cares Enhanced Navigator Program  
Family Service Plan**

- | <u>Status Codes</u>                                   |
|---|
| 1) No longer a Need – Dropped                         |
| 2) Unresolved/Unattainable                            |
| 3) Unchanged, Still a Need to Work on                 |
| 4) Partially Resolved, Still a Need                   |
| 5) Resolved/Attained but not to family's satisfaction |
| 6) Resolved/Attained to Family's Satisfaction         |

**Name of Family:** \_\_\_\_\_ **ID:** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

**Name of Worker:** \_\_\_\_\_ **County:** \_\_\_\_\_

Date Need Identified	Need to be Addressed	Resource to Access	Who is Responsible?	Date of Progress Assessment #1	Status Code #	Date of Progress Assessment #2	Status Code #
	1.						
	2.						

Date Need Identified	Need to be Addressed	Resource to Access	Who is Responsible?	Date of Progress Assessment #1	Status Code #	Date of Progress Assessment #2	Status Code #
	3.						
	4.						
	5.						

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments regarding barriers/issues to be resolved, etc.: