



Developmental Disabilities Administration (DDA)
 Residential Habilitation for Dependent Youth (RHDY)
RHDY Engagement Plan

Plan Effective Date
End Date
ADSA ID Number

Child / Youth's Legal Name	ADSA ID Number
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Child / Youth's Residence	City	State	Zip Code
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Role	Name	Telephone Number (Home, Work, Cell)
DCYF Case Worker		
Parent / Legal Guardian Decision Maker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent / Legal Guardian Decision Maker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential		
DCYF Emergency Contact (must be able to consent to care)		
Primary Care Doctor		
Dentist		
Mental Health Provider		
School IEP / 504 Contact's Name		
Educational Liaison (can be parent)		
Significant Others (Family, Friends, and Neighbors)	Relationship to Child	Telephone Number (Home, Work, Cell)

List all parties who should be included in correspondence (including incident reports, quarterly reports, etc. Please include name, email, and role of DDA and DCYF staff

Community agencies and formal supports (i.e., WISE, mental health provider, and/or ABA provider

Informal Community Agencies (i.e., church / YMCA / recreation center)

School: What is the typical school schedule, who is the primary contact for the school, who is the IEP/504 Coordinator?

Are there areas of the child's care DCYF would like to see a focus on? How does this relate to the child's future goals / vision?

Are there areas of the child's care the family would like to see a focus on? How does this relate to the child's future goals / vision?

What is DCYF's vision for the first three months, six months, and year?

What is the family's vision for the first three months, six months, and year?

Care Plan (Daily Routine, Night-time Schedules, Care Preferences)

Medical Appointments and Care (Scheduling, Transportation, Communication)

Medical Consent form signed? Yes No

Included Supporting Documents

Safety plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	State ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Time Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Cards:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any legal documents, if applicable (probation, no contact orders, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No			

Financial Planning*

Does the provider assist in managing any portion of the client's funds? Yes No
Does the client require supports to acquire money management skills? Yes No

* DCYF remains responsible for maintenance costs of children, i.e. clothing, school supplies, etc.

Cultural Considerations / Occasions

Does the youth and/or family have important cultural considerations or spiritual preferences (holidays, birthdays, other cultural / spiritual occasions) that should be supported by their provider?

Yes No

If yes, please describe:

Birthdays: How does the youth and/or family celebrate birthdays?

Holidays: What holidays are of importance to the youth and/or family?

Summer Break: Does the youth typically attend a summer program or other summer activities?

Vacation Plans:

Other:

Family Time Plans

+The RHDY provider is unable to provide transportation or to supervise / monitor family time. DCYF must make these arrangements.

What is the current schedule for family time?

How is family time occurring (phone calls, in person visits, supervised, monitored, unsupervised)?

For supervised and monitored family time, how will the RHDY provider be notified of changes to scheduling? Please include name and contact information for the visit supervisor.

Who will be providing transportation to family time visits? Please include name and contact information.

To support family time plans, DDA and the RHDY provider must receive copies of the current court order showing the family time plan (other areas of the courts order may be redacted).

As the legal representative, I agree to the terms outlined above and will notify my child's DDA social service specialist and provider if changes occur. This form can be updated and revised as needed.

Signature of DCYF Case Manager	Date
Signature of Licensed or Certified Provider	Date

RHDY Engagement Plan Instructions

This form should be completed prior to entry into Residential Habilitation for Dependent Youth Services. The Legal Representative, DDA Social Worker, and RHDY provider should all attend the RHDY Engagement plan meeting. Legal representatives should be given this form prior to the child moving into service. Families should be included in plan development when appropriate and supported by DCYF.

Plan Effective Date: The effective date of the plan is the date the form is signed. The form should be reviewed during the time of the annual assessment as well as updated as needed during the 90-day visits.

ADSA ID Number: System generated number when client record is established.

End Date: 364 days from the plan effective date.

Child / Youth's Residence: Location of the licensed or certified residence.

Significant Others: All people who are involved in the child / youth's life that have consent to contact or visit the child.

Correspondence: Identify who will be receiving information related to the child or youth including incident reports, IISP updates, quarterly reports, etc. There should be two DCYF contacts included in correspondence related to the client.

Community Agencies and Formal Supports: Outline what the plan is for providing these supports and how that is going to occur (e.g., identifying a PCP and scheduling dental work).

Informal Community Agencies: Outline what the plan is for providing these supports and how that is going to occur (e.g. child has a membership to the YMCA that will accompany them to the RHDY program, RHDY staff will transport to the YMCA weekly).

School: Outline who will be coordinating school services, how the parent will be involved, attendance at the Individualized Education Program (IEP) meetings, after-school programs, extracurricular activities, etc. Also include information regarding a typical school schedule. If the child is not currently enrolled in the school district where he/she will be receiving RHDY services, include child's current school contact information and how the transfer of records will occur (if applicable).

Areas of Focus and Future Goals: This is an opportunity for the child, DCYF and the family to discuss habilitative goals with the provider and where they would like to focus supports.

Vision for the first three months, six months, and year: Expectations around what the child, DCYF and the family are hoping to receive while in a RHDY setting. Include goals, dreams, and desires that the family has for their child, or those that the child may want to achieve.

Care Plan: Include information such as clothing preferences, personal care routine, nail and hair grooming routines, cultural preferences, bed-time routines, etc.

Medical Appointments: Outline who will be attending, transporting, communicating, and delineating the RHDY plan with regard to medical appointments.

Financial Plan: Outline how the child / youth's financial needs will be met. Indicate who will serve as the Representative Payee. Describe decisions and plans about the child / youth's finances, i.e., establishing an ABLE trust account, burial account, child / youth allowance, child support, etc.

Family Time Plans: Outline how the youth, provider, and DCYF will coordinate participation in family time. This includes any safety considerations as well as scheduling, transportation, and accommodations for video or in person visits. DCYF is responsible for providing or arranging supervision or monitoring of family time when required.