

Colorado Plan of Safe Care

A Plan of Safe Care is a helpful tool for families with infants who are affected by substance use during pregnancy. This is your plan and can be used to highlight your family’s strengths and connect you to support for keeping you and your baby healthy and safe. It can also change as your needs change. Complete this form with a trusted provider and make sure you get the support you need during pregnancy and after your baby is born. If you have already started a plan (either for yourself, your baby, or both) you can update that one without starting over. Your plan will not be shared, unless you choose to share it. You can choose to share this plan with doctors, service providers, case managers, or others who support you and your baby. Sharing your plan helps make sure the people working with you are also working together, and know about the support you've built.

Contact Information

Name of Infant: _____ **Due Date/Date of Birth:** _____ **County:** _____
Name of Birth Parent: _____ **DOB:** _____ Preferred Language: _____
 Phone number: _____ Can we leave a message at this number? Yes No Email: _____
 Name of other caregiver: _____ DOB: _____ Preferred Language: _____ Phone number: _____
 Is this person able and willing to provide safe and sober care to you and your child/children? Yes No
 Who else is able and willing to provide safe and sober care to you and your child/children? Please list names and phone numbers:

Here are some examples of things that may be helpful to families:

To learn about substance use, pregnancy, parenting, and available supports in your area please visit: toughasamother.org/search/ or ownpath.co/
 The Maternal Mental Health Hotline is free, confidential, and available 24/7: text or talk 1-833-TLC-MAMA
 Find information about home visiting programs at <https://cohomevisiting.org/find-home-visiting-programs/>

Basic Family Needs and Supports	Parenting Supports	Infant Needs and Supports
Financial assistance/TANF Food assistance/WIC/SNAP Housing assistance Medical insurance Family Resource Centers Office of Respondent Parents’ Counsel	Medical home/pregnancy/ postpartum care Lactation & feeding support Home visiting program Intimate partner violence support Peer recovery support (eg: HardBeauty) Harm Reduction (perinatalharmreduction.org) Mental/behavioral health counseling Support groups (like AA, Circle of Parents, Elephant Circle) Substance use treatment (intensive outpatient; inpatient) Medication Assisted Treatment (MAT) for substance use Fussy Baby Network (1-877-6-CRY-CARE)	Primary care provider/pediatrician Medical insurance Infant mental health services Early Intervention Child development specialist Public health nursing Home visiting program Child care assistance Baby items (crib, car seat, bottles, clothing, etc)

PLAN FOR MYSELF

<input type="checkbox"/> I need help finding a doctor for myself	<input type="checkbox"/> I'm interested in learning and building my parenting skills
<input type="checkbox"/> I would like information on what to do if I feel stressed, sad, overwhelmed, or anxious during or after pregnancy	<input type="checkbox"/> I'm interested in connecting with people with lived experience like a peer recovery coach, peer doula, etc.
<input type="checkbox"/> I'm interested in learning about harm reduction, substance use treatment, and/or recovery services in my community	<input type="checkbox"/> I would like information about residential substance use treatment programs for pregnant/parenting people
<input type="checkbox"/> I'm interested in connecting with a home visiting program or public health nursing services	<input type="checkbox"/> I would like information on intimate partner/domestic violence resources

Would you like to create a plan to prevent return to use? This can be added to your Plan of Safe Care Yes No

What services would you like or do you already have?

Service	Status	Referral Date	Organization & Contact Info
Prenatal/ postpartum medical care provider	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Substance Use Treatment	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Mental Health/ Postpartum Counseling Services	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Peer Support	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Organization's Name: _____ Peer's Name _____ Phone Number: _____ Email: _____ Date of Next Visit: _____
Home Visiting Program	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Parenting Classes/Groups	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Organization: _____ Next class/meeting _____ Contact info: _____
Other:	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		

PLAN FOR OUR FAMILY

Family Needs, Strengths, Supports

Service	Status	Referral Date	Organization & Contact Info Org name/person referred to/phone # and email
Food Assistance/ WIC/ SNAP	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Transportation	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Medical Insurance	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Child Care Programs	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Housing Assistance	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Financial Assistance	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Phone/ Internet/ Computer	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Family Counseling / Mental Health Services	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Substance use treatment for significant-other or second caregiver	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Fatherhood Programs	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Parenting Skills Classes	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Other:	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		

Top priorities/goals for our family are:

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Steps to achieve our goals:

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