

COVID19 Family Safety Plan

(if this is a family already being served by EHS, Family Safety Plan will be in Child Plus under Family Service tab)

Date:

Child Name:

Parent/Guardian:

Staff Members working with the family:

What Safety Concerns do you have?

What options feel safe for you to complete an application

Virtually

Meeting outside

Meeting in an office or socialization space

Meeting in my home

Other

Accommodations for application process

What resources might support the application process?

Are there additional safety accommodations outside of the home visiting protocol that you would like me to be aware of?

Safety accommodations

