



Osage Nation Social Services
 255 Senior Drive
 Pawhuska, OK 74056
 (918) 287-5335
 (800) 460-4615

Voluntary Family Service Agreement

This form is used to document services to help you keep your child(ren) safe. This is not a legal agreement. It is a list of services and suggested steps that have been discussed with you and your Child Welfare (CW) worker.

Date		Referral Number	
Family name			
CW worker		County	Phone
Identified needs		Requested by family	Suggested by CW worker
Safe housing		<input type="checkbox"/>	<input type="checkbox"/>
Meet child's basic needs		<input type="checkbox"/>	<input type="checkbox"/>
Stable mental health		<input type="checkbox"/>	<input type="checkbox"/>
Achieve/maintain sobriety		<input type="checkbox"/>	<input type="checkbox"/>
Family stability		<input type="checkbox"/>	<input type="checkbox"/>
Improved school attendance/performance		<input type="checkbox"/>	<input type="checkbox"/>
Money management skills		<input type="checkbox"/>	<input type="checkbox"/>
Improved parenting skills		<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>

List of Services

- | | | | |
|-------------------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Child care | <input type="checkbox"/> parenting | <input type="checkbox"/> regular | <input type="checkbox"/> Medical/mental health |
| <input type="checkbox"/> Clothing assistance | | | <input type="checkbox"/> Parent education |
| <input type="checkbox"/> Domestic violence | | | <input type="checkbox"/> Public services, such as TANF, foodstamps, DDS, and SSI |
| <input type="checkbox"/> Educational | <input type="checkbox"/> adult | <input type="checkbox"/> child | <input type="checkbox"/> Substance abuse evaluation /treatment |
| <input type="checkbox"/> Employment/job assistance | | | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Planning | | | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Food assistance | | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing/rental assistance | | | |
| <input type="checkbox"/> Individual/family counseling | | | |
| <input type="checkbox"/> Legal | | | |

CW worker: _____ Parent/caregiver: _____

Identified provider services	Provider/address/phone
<input type="checkbox"/> Child care provider	
<input type="checkbox"/> Child guidance	
<input type="checkbox"/> Comprehensive Home-Based Services (CHBS)	CW worker makes referral, then agency contacts family
<input type="checkbox"/> County health department	
<input type="checkbox"/> Dental clinic/dentist	
<input type="checkbox"/> Domestic violence	
<input type="checkbox"/> Housing/rental assistance	
<input type="checkbox"/> Medical clinic/primary care physician	
<input type="checkbox"/> Mental health clinic	
<input type="checkbox"/> OKDHS	
<input type="checkbox"/> Parent Aide Services (PAS)	
<input type="checkbox"/> Parent education	
<input type="checkbox"/> Sexual abuse treatment	
<input type="checkbox"/> Soonerstart	
<input type="checkbox"/> Substance abuse treatment	
<input type="checkbox"/> Systems of care	
<input type="checkbox"/> Other:	

CW worker: _____ Parent/caregiver: _____

