

This SERVICE ARRAY WORKSHEET is a stimulus for a child/family team services planning process.

SERVICE TYPE	Check if service is recommended		Comments
	Necessary	Optional or Future	
Note that different services may be provided by one provider			
<b>Community and natural supports</b>			
Increased involvement of family, kin, friends			
Parent-to-parent support			
Involvement w/ community organization			
Assistance w/ housing or other concrete needs			
Socialization or recreational activities			
Spiritual or other cultural supports			
Financial or material supports			
Other			
<b>Caregiver/family-focused</b>			
Community health nurse			
Parent guidance w/ behavioral or mental health specialist			
Dyadic (caregiver-child) therapy			
Parent MH or SA treatment			
Parent-training (individual or group)			
Respite services			
Parent mentor			
Home-based services			
Couple or family therapy			
Parent/child residential			
Other			
<b>Child-focused</b>			
Individual therapy			
Child care			
Day Treatment or Therapeutic Nursery			
Early Intervention (multi-focal therapies)			
OT, PT, or Speech therapy			
Treatment foster care			
Head Start or Early Head Start			
Inpatient psychiatric hospital			
Psychiatric/MH evaluation			
Psychopharmacology			
Health care intervention			
Socialization or play group			
Other			
<b>System-focused</b>			
Case management/ care coordination			
Interagency collaboration			
Child and family (wraparound) team (CFT)			
Advocacy for services or agency involvement			
Crisis services			
Mental health consultation to another provider or agency			
Other			
<b>Other</b>			