

Written Service Agreement (Cd-14b) Instructions

Completion:

After completing the CD-14 and CD-14A, according to policy the worker and the family will jointly complete the CD-14B and attach it to the CD14A. The CD-14B will also be completed and attached to each CD-14A at the end of each 90 day assessment period. The worker should consider the most comfortable and productive environment for eliciting the family's input and participation for developing an individualized plan for change to reduce risk that addresses the family's needs and builds on the family's strengths and resources. This may take place with the family privately; during an FST; or by inviting whatever formal or informal support personnel the family is agreeable to. For Family-Centered Out-of-Home Care cases the Written Service Agreement found on the last page of the CS-1 is to be completed with the participation of the family during the FST.

Goal Development Question:

The primary goal question is listed on the CD-14B for reference and should be given consideration during the goal setting process:

1. What will each member of the family be doing differently when risk is reduced?

Task Development Questions:

Task development questions are again listed for reference and should be given consideration during the process of setting tasks:

2. How does each member of your family see themselves accomplishing these changes?
3. What family strengths/support can you utilize or build upon to accomplish these changes?
4. What support/services from outside your family do you need to accomplish the changes?

Goal:

Enter the behaviorally specific goal which must be attained in order to address the serious or moderate needs derived from the CD-14A Family Functioning Assessment/Re-assessment and the goal development questions listed above. (See [CD-14A Forms Instructions](#))

Tasks to accomplish the goal:

Enter the behaviorally specific tasks which must be accomplished in order for the goal to be achieved. Indicate who will do each task, the timeframe in which the task should be completed, and the date the task is accomplished.

Who will do the task?

Who will be responsible for the task.

Timeframe?

The projected date the task will be completed.

Date Completed:

Date the task is completed.

Family Should Read and Initial Each Item Prior to Signing this Document:

Prior to signing the Written Service Agreement, have the family read each of the three items and put their initial on the provided line if they are in agreement to the following statements:

- I and/or members of my family were involved in the development of the above goals and tasks and believe my family will benefit from their completion.
- I agree with the conditions set forth in this Written Service Agreement.
- I have been notified of and understand my rights with regard to the service provided to me by the Children's Division.

Family Signature:

The family member/members with whom the CD-14B was developed.

Worker Signature:

The worker should sign the CD-14B at the time the family signs and give the family a copy.

Supervisor Signature:

The supervisor will review the CD-14B and if approved will sign the Workers copy for the file.

MEMORANDA HISTORY: [CD05-72](#); CD07-