Plan of Safe Care

SENSE
Substance Exposed Newborns of Southeast MA

Name of Parent / Caregiver : _____ Date : _____

If applicable : Infant's Name : DOB: Discharge date: Infant's PCP:

Household Members :

Name	Age	Relationship to Infant	Name	Age	Relationship to Infant

Identified Supports :

Check box(es) next to applicable criteria :

Methadone / Buprenorphine	
Prescribed opioids for chronic pain	
Prescribed benzodiazepines	
Marijuana	

Additional Exposures :

Nicotine / Tobacco	
Alcohol	
Other Prescribed or Non-Prescribed Medications / Substances	

Comments :

Please discuss all the available services below for infant and mother/caregivers. Check the applicable box(es) for all current services or indicate if a new referral was made and if a consent form has been signed :

	Current	New Referral	Organization	Best Contact Person / Phone Number	Agency Consent Form Signed (Y / N)
Medication Assisted Treatment					
Mental Health Counseling					
Substance Abuse Counseling					
12 Step Group					
Recovery Supports					
Smoking Cessation					
Parenting Groups					
Home Visiting Nurse					
WIC					
Early Intervention / Early Head Start					
Housing Assistance					
Financial Assistance					
Childcare					
Safe Sleep Plan					
Other					

Post-discharge Family Strengths and Goals (Ex: breastfeeding, housing, parenting, recovery, etc.)

Comments :

The Plan of Safe Care coordinates existing supports and provides referrals to new supports that may be helpful for a family. This form was developed by The SENSE Collaborative and can be shared with DCF and other providers for collaboration.