



Supported Care for Mothers and Infants

This Plan of Safe Care, developed collaboratively with the mother, coordinates existing supports and referrals to new services to help infants and families stay safe and connected when they leave the hospital. This Plan of Safe Care is to be shared with the infant's and the mother's providers and supports.

I. DEMOGRAPHIC INFORMATION	
Name of Mother:	Mother's Medical Providers:
Name of Infant:	Infant's Medical Providers:
Name of Father:	Mother's Admission Date:
Infant's DOB:	Mother's Discharge Date:
Mother's Phone Number:	Infant's Discharge Date:
Mother's Health Insurance:	Father's Phone Number:
Current Address:	

II. CURRENT SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

III. STRENGTHS AND GOALS (e.g. breastfeeding, parenting, housing, smoking cessation, recovery)

IV. HOUSEHOLD MEMBERS						
Name	Relationship to Infant	Age		Name	Relationship to Infant	Age

V. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS		
Name	Relationship to Infant	Phone Number

VI. NOTES/HELP NEEDED (please time/date entries)

VII. SERVICES, SUPPORTS, and NEW REFERRALS					
	Discussed Y/N	Active	Referred	Contact Name	Organization/Phone Number
Visiting Nurse Association (VNA)					
Women, Infants, and Children Program (WIC)					
health insurance enrollment					
Family Resource Center (FRC)					
parenting classes					
safe sleep education/plan					
childcare					
other home visiting					
Early Supports and Services					
voluntary child welfare services					
family planning					
mental health					
smoking cessation/no smoke exposure					
housing assistance					
Temporary Assistance for Needy Families (TANF)					
financial assistance					
transportation					
legal assistance					
personal security/DV					
substance use					
Medication Assisted Treatment					
recovery support services (e.g. recovery coaching, meetings)					
Drug Court participation					
Other ()					
Other ()					

VIII. PRENATAL EXPOSURE		
	Y/N	Notes
Does the infant have prenatal substance exposure?		
Is the prenatal substance exposure a result of prescribed medication?		
Is there prenatal substance exposure in addition to prescribed medication?		

IX. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?		
Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

X. PARENT/CAREGIVER SIGNATURE
I acknowledge I have participated in the development of this Plan of Safe Care, I have a copy of the Plan of Safe Care, I will share the Plan of Safe Care with my baby's pediatrician and primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed above.
Signature: _____ Date: _____

XI. STAFF SIGNATURE
I, _____ provided _____ with the Plan of Safe Care upon discharge.
Signature: _____ Date: _____

This form complies with NH RSA 132:10-e and NH RSA 132:10-f.