NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

# Nebraska Plan of Safe Care for Providers

| Name of Infant: | DOB: | Admission Date: | Discharge Date: |
|---|---|---|---|
| Mother's Name: | | Infant's Primary Caregiver: | |
| Infant's PCP: | | | |

Household Members:

| Name | Age | Relationship to Infant | Name | Age | Relationship to Infant |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Identified Supports (Grandparent, Neighbor, Aunt...):

| |
|---|
| |

Prenatal Exposure:

| | |
|---|---|
| Methadone/Buprenorphine (MAT) | |
| Prescribed opioids for chronic pain | |
| Prescribed benzodiazepines | |
| Marijuana | |
| Nicotine/tobacco | |
| Alcohol | |
| Methamphetamine | |

| | |
|---|---|
| Other: | |
| Other: | |
| Other: | |

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

| | Discussed | Current | New Referral | Organization | Contact Person (if applicable) |
|---|---|---|---|---|---|
| **Mental Health Treatment** | ☐ | ☐ | ☐ | | |
| **Substance Use Treatment** | ☐ | ☐ | ☐ | | |
| **Recovery Supports** | ☐ | ☐ | ☐ | | |
| **Smoking Cessation** | ☐ | ☐ | ☐ | | |
| **Parenting Groups** | ☐ | ☐ | ☐ | | |
| **Home Visiting** | ☐ | ☐ | ☐ | | |
| **WIC/SNAP** | ☐ | ☐ | ☐ | | |
| **Respite** | ☐ | ☐ | ☐ | | |
| **Financial, Transportation, Housing Assistance** | ☐ | ☐ | ☐ | | |
| **Childcare or Childcare Subsidy** | ☐ | ☐ | ☐ | | |
| **Safe Sleep** | ☐ | ☐ | ☐ | | |
| **Crying Plan** | ☐ | ☐ | ☐ | | |
| **Early Development Network** | ☐ | ☐ | ☐ | | |
| **Domestic Violence Support** | ☐ | ☐ | ☐ | | |
| **Other** | ☐ | ☐ | ☐ | | |

Post discharge Family Strengths and Goals (breastfeeding, housing, parenting, and recovery)

Comments:

☐ Family was involved in development of this plan.

Signature of parent/caregiver (optional): _____

Signature of staff: _____

Copy to: Primary Care Provider, Family

**For additional questions: DHHS.CARANotification@nebraska.gov or 402-328-6218**