Collaboration-interagency Event – ChildPlus Instructions

This Family Services Event is created for two reasons:

- Family Advocate/Home Visitor collaboration on a shared family (siblings enrolled in different programs).
 - At least once a month collaboration must occur and document in Actions
- Collaboration with an outside agency to support a family
 - o Consent is required to contact the outside agency, attach under Family Services tab

Initial Date: Date of initial contact

Description: Enter brief, informative description of the collaboration

Service Area: Select the most relevant service area

Issue: Select the most relevant issue

Associated With: ChildPlus defaults to Entire Family. Select the individual child (or adult) if that is more accurate. Case Worker: For shared family collaboration, leave blank. For collaboration with outside agency, select your name if does not auto-fill.

Event Notes: For shared family collaboration, do not enter any event notes (document all collaboration under Actions). For collaboration with outside agency, enter agency contact name and contact information.

Actions: For shared family collaboration, add actions to document monthly collaboration that includes what was discussed, next steps needed and who is doing what. For outside agency collaboration, add actions to document all follow up. Optional: Schedule actions as needed (for your to do list).

Date Closed: Close the event what all collaboration and follow up is completed.

Add Collal	poration-in	teragency	Date of initial contact			^	× ◎ ¦
Initial Date				Associated With	Entire Family		•
Description	escription						-
Service Area Issue	Select the		r you select the service	For shared family collaboration, lear blank. For collaboration with outside agency, select your name if does n auto-fill.		ChildPlus defaults to Entire Family. Select the individual child (or adult) if that is more accurate.	
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Event Notes			ily collaboration, do not ente n with outside agency, enter		ind contact informa	tion.	~
Actions							Add Action
Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
and who For outs	o is doing what. side agency coll	aboration, add a	ctions to document monthly actions to document all follor (for your to do list).		es what was discus		needed Cancel Add