

**STATE OF MARYLAND - IN-HOME FAMILY SERVICES PROGRAM  
INITIAL SERVICE AGREEMENT**

Case Head:

Case ID:

Date of Agreement: 00/00/0000

**I. WHY FAMILY CAME TO THE ATTENTION OF THE AGENCY**

**II. FAMILY MEMBER TASK (ONGOING)**

1. Keep scheduled visits/regular contact with my Family Service Worker and/or team.
2. Notify worker and/or team if unable to keep schedule visit or contact.
3. Participation in developing a Family Service Plan.
4. Provide information about any changed in the household to the agency.
5. Keep the agency informed about whereabouts, employment(s), and telephone numbers.

**III. WORKER/TEAM TASKS (ONGOING)**

1. Schedule visits/contacts with family members to discuss safety/risk factors and service needs.
2. Assist in developing a Family Service Plan, assess for safety and identify risk of each household child.
3. Refer family members to appropriate community resources.
4. Advocate for the family to ensure identified series needs are addressed.

**IV. AGREEMENT**

This agreement acknowledges the willingness of the family to accept services from the In-Home Family Services Program. The family will cooperate with In-Home Family Services Staff to develop a Family Service Plan to improve safety within the family home and remove factors that place the child(ren) at risk of child abuse/neglect. This agreement is in effect while services are being provided by In-Home Family Services. The family had a right to a hearing if they do not agree with any decision made about the service.

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DATE SIGNED

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DATE SIGNED

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WORKER'S NAME TELEPHONE NUMBER REQUEST DATE

( ) -  
\_\_\_\_\_  
CASE ASSOCIATE'S NAME TELEPHONE NUMBER

( ) - 00/00/0000  
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SUPERVISOR'S NAME TELEPHONE NUMBER APPROVAL DATE