

## Example for F.A.S.D. Teams

### ❖ Vision Statement

To provide a collaborative consortium of social, emotional, educational and vocational services that promotes holistic, integrated and culturally congruent access to children and families

### ❖ Mission Statement

To provide these social and educational services from a multi-disciplinary, multi-agency and family context that facilitates functional use of the service menu and integrates access to and implementation of individually designed strategies for resilience and development

### ❖ Values Statement

That prevention and intervention are reciprocal and that children and families can benefit from strategies that build upon their identified strengths and facilitate easy geographic, cultural and conceptual access to services that are integrated via an inter-agency site based model

Memorandum of Agreement

Date \_\_\_\_\_  
Partners \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document acknowledges the conceptual and functional relationship of the above identified partners for the committed purpose of family focused, culturally congruent collaboration in addressing the comprehensive issues surrounding Fetal Alcohol Spectrum Disorder.

Signatures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Family Coordination Service Plan  
Cover Sheet*

Family Coordination Team Providers \_\_\_\_\_

Family Coordinator \_\_\_\_\_

Client \_\_\_\_\_

Family \_\_\_\_\_

Community \_\_\_\_\_

Elders \_\_\_\_\_

Spiritual Advisors \_\_\_\_\_

Other \_\_\_\_\_

Educational Providers \_\_\_\_\_

\_\_\_\_\_

Behavioral Health Providers \_\_\_\_\_

\_\_\_\_\_

Medical/Physical Health Providers \_\_\_\_\_

Physicians \_\_\_\_\_

Public Health \_\_\_\_\_

Traditional \_\_\_\_\_

Other \_\_\_\_\_

Social Services \_\_\_\_\_

\_\_\_\_\_ Housing \_\_\_\_\_ Indian Child Welfare

\_\_\_\_\_ Adult and Family Services/TANF \_\_\_\_\_ Vocational/Career Development

\_\_\_\_\_ Child Protective Services \_\_\_\_\_ Corrections/Juvenile Services

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# Family Coordination Service Plan

Goals	Activities	Persons Responsible	Projected Dates	Outcomes/Notes

Signature \_\_\_\_\_ Date \_\_\_\_\_