

SUPPORTIVE CARE FOR FAMILIES AND INFANTS



I. PLAN OF SAFE AND SUPPORTIVE CARE (POSC)

This POSC is developed collaboratively with all birthing parents and co-parents to reinforce and coordinate supports and services. The POSC must be given to the mother upon discharge from the birthing facility and should go to the infant's primary care provider along with the infant's other medical records. For an electronic version of this form, visit: <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>.

II. DEMOGRAPHIC INFORMATION

Name of Birthing Parent:	Birthing Parent's Medical Providers:
Name of Co-parent:	Infant's Medical Providers:
Name of Infant:	Birthing Parent's Admission Date:
Name of Other Caregiver (if relevant):	Birthing Parent's Discharge Date:
Infant's DOB:	Infant's Discharge Date:
Birthing Parent's Phone Number:	Co-Parent's Phone Number:
Birthing Parent's Health Insurance:	Other Caregiver's Phone Number:
Current Address:	

III. CURRENT SUPPORTS (such as partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

IV. STRENGTHS AND GOALS (What matters to you? Breastfeeding, parenting, housing, smoking cessation, recovery?)

V. HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name	Relationship to Infant	Phone Number

VII. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE BIRTHING PARENT?

Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

VIII. NOTES: What else would be helpful to you and your family? (please time/date entries)

IX. SERVICES, SUPPORTS and NEW REFERRALS

	Discussed	Active	Referred	Organization/Contact Name/Phone Number
Consents signed for exchange of PHI				
Health Insurance				
Commercial Insurance				
Medicaid				AmeriHealth Caritas Bright Start Program 1-833-704-1177 NH Healthy Families Smart Start for Babies 1-866-769-3085 Well Sense Health Plan Sunny Start Program 1-855-833-8119
Uninsured / Enrolled in Insurance				
Financial Assistance				
Women, Infants, and Children Program (WIC)				
Temporary Assistance for Needy Families (TANF)				
Family Supports				
Early Supports and Services (FCESS)				
Visiting Nurse Association (VNA)				
Family Resource Center (FRC)				
Home Visiting for Families				
Division for Children, Youth and Families				
Other Healthcare Services				
Lactation Services				
Family Planning				
Parenting Classes				
Safe Sleep Education				
Breastfeeding Education				
Substance Use Education				

Crisis Supports

NH Legal Assistance

Safety Advocacy

Probation/Parole

Treatment & Recovery

Mental Health Services

Alcohol/Drug Treatment

Drug Court

Medication for Substance Use Disorder

Smoking Cessation

Naloxone (Narcan)

Recovery Coaching

Meetings

Other Supports

Transportation

Housing

Childcare

X. PARENT/CAREGIVER SIGNATURE

I have a copy of my Plan of Safe and Supportive Care. I will share my POSC with my baby's primary care provider, and I will call _____ if I have any questions about following 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.