

Klamath County School District

Code: **JFE-AR**
Revised/Reviewed: 5/17/12

Individual Service Plan - Teen Parent Services

Name: _____ DOB: ____/____/____ Age: _____ Phone: _____

Address: _____ Zip: _____

School: _____ Grade: _____ Credits: _____ Counselor: _____

Teen Parent Program Enrollment Date: _____ Expected Due Date: _____

Child #1: _____ DOB: _____ Child #2: _____ DOB: _____

Baby's Other Parent: _____ Student: Y/N Where?: _____

Parent/Guardian: _____

Living Situation: _____

Education Plan	Referrals:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Provided by:</td> <td style="width: 50%;">Paid for by:</td> </tr> <tr> <td>_____ Family</td> <td>_____ Family</td> </tr> <tr> <td>_____ School</td> <td>_____ School</td> </tr> <tr> <td>_____ Agency</td> <td>_____ Agency</td> </tr> </table>	Provided by:	Paid for by:	_____ Family	_____ Family	_____ School	_____ School	_____ Agency	_____ Agency	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Sage Community</td> <td style="width: 50%;">Gilchrist</td> </tr> <tr> <td>Lost River</td> <td>Mazama</td> </tr> <tr> <td>Chiloquin</td> <td>Henley JR HS</td> </tr> <tr> <td>Bonanza</td> <td>Falcon Heights</td> </tr> <tr> <td>Brixner</td> <td></td> </tr> </table>	Sage Community	Gilchrist	Lost River	Mazama	Chiloquin	Henley JR HS	Bonanza	Falcon Heights	Brixner	
Provided by:	Paid for by:																		
_____ Family	_____ Family																		
_____ School	_____ School																		
_____ Agency	_____ Agency																		
Sage Community	Gilchrist																		
Lost River	Mazama																		
Chiloquin	Henley JR HS																		
Bonanza	Falcon Heights																		
Brixner																			
Transportation Plan	Referrals:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Provided by:</td> <td style="width: 50%;">Paid for by:</td> </tr> <tr> <td>_____ Family</td> <td>_____ Family</td> </tr> <tr> <td>_____ School</td> <td>_____ School</td> </tr> <tr> <td>_____ Agency</td> <td>_____ Agency</td> </tr> </table>	Provided by:	Paid for by:	_____ Family	_____ Family	_____ School	_____ School	_____ Agency	_____ Agency	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Basin Transit Service:</td> <td style="width: 50%;">541-883-2877</td> </tr> <tr> <td>Bus Shop:</td> <td>541-883-5013</td> </tr> </table>	Basin Transit Service:	541-883-2877	Bus Shop:	541-883-5013						
Provided by:	Paid for by:																		
_____ Family	_____ Family																		
_____ School	_____ School																		
_____ Agency	_____ Agency																		
Basin Transit Service:	541-883-2877																		
Bus Shop:	541-883-5013																		
Child Care Plan	Referrals:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Provided by:</td> <td style="width: 50%;">Paid for by:</td> </tr> <tr> <td>_____ Family</td> <td>_____ Family</td> </tr> <tr> <td>_____ School</td> <td>_____ School</td> </tr> <tr> <td>_____ Agency</td> <td>_____ Agency</td> </tr> </table>	Provided by:	Paid for by:	_____ Family	_____ Family	_____ School	_____ School	_____ Agency	_____ Agency	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Viking Babies:</td> <td style="width: 50%;">541-850-2767</td> </tr> <tr> <td>Child Care:</td> <td>541-882-2308</td> </tr> <tr> <td>Resource and Referral</td> <td></td> </tr> </table>	Viking Babies:	541-850-2767	Child Care:	541-882-2308	Resource and Referral					
Provided by:	Paid for by:																		
_____ Family	_____ Family																		
_____ School	_____ School																		
_____ Agency	_____ Agency																		
Viking Babies:	541-850-2767																		
Child Care:	541-882-2308																		
Resource and Referral																			
Life Skills/Parenting/Childbirth Ed Plan	Referrals:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Provided by:</td> <td style="width: 50%;">Paid for by:</td> </tr> <tr> <td>_____ Family</td> <td>_____ Family</td> </tr> <tr> <td>_____ School</td> <td>_____ School</td> </tr> <tr> <td>_____ Agency</td> <td>_____ Agency</td> </tr> </table>	Provided by:	Paid for by:	_____ Family	_____ Family	_____ School	_____ School	_____ Agency	_____ Agency	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Crisis Hope Center:</td> <td style="width: 50%;">541-883-4357</td> </tr> <tr> <td>KCSD Teen Parent:</td> <td>541-850-2767</td> </tr> <tr> <td>Sky Lakes Medical Center:</td> <td>541-882-6235</td> </tr> <tr> <td>Luthern Community Svs:</td> <td>541-883-3471</td> </tr> <tr> <td>Healthy Start:</td> <td>541-883-1030</td> </tr> </table>	Crisis Hope Center:	541-883-4357	KCSD Teen Parent:	541-850-2767	Sky Lakes Medical Center:	541-882-6235	Luthern Community Svs:	541-883-3471	Healthy Start:	541-883-1030
Provided by:	Paid for by:																		
_____ Family	_____ Family																		
_____ School	_____ School																		
_____ Agency	_____ Agency																		
Crisis Hope Center:	541-883-4357																		
KCSD Teen Parent:	541-850-2767																		
Sky Lakes Medical Center:	541-882-6235																		
Luthern Community Svs:	541-883-3471																		
Healthy Start:	541-883-1030																		
Career Development Plan	Referrals:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Provided by:</td> <td style="width: 50%;">Paid for by:</td> </tr> <tr> <td>_____ Family</td> <td>_____ Family</td> </tr> <tr> <td>_____ School</td> <td>_____ School</td> </tr> <tr> <td>_____ Agency</td> <td>_____ Agency</td> </tr> </table>	Provided by:	Paid for by:	_____ Family	_____ Family	_____ School	_____ School	_____ Agency	_____ Agency	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Work Experience</td> <td style="width: 50%;"></td> </tr> <tr> <td>Counselors</td> <td></td> </tr> <tr> <td>Employment Office:</td> <td>541-883-5630</td> </tr> </table>	Work Experience		Counselors		Employment Office:	541-883-5630				
Provided by:	Paid for by:																		
_____ Family	_____ Family																		
_____ School	_____ School																		
_____ Agency	_____ Agency																		
Work Experience																			
Counselors																			
Employment Office:	541-883-5630																		

Parenting Education		Referrals:	
Provided by:	Paid for by:	KCSD - Viking Babies:	541-850-2767
_____ Family	_____ Family	Hope Center:	541-883-4357
_____ School	_____ School		
_____ Agency	_____ Agency		
Health and Nutrition Services Plan		Referrals:	
Provided by:	Paid for by:	WIC:	541-883-4276
_____ Family	_____ Family	Health Dept.:	541-882-8846
_____ School	_____ School	OHP:	800-359-9517
_____ Agency	_____ Agency	Open Door Clinic:	541-851-8110
Housing Plan		Referrals:	
Provided by:	Paid for by:	HUD:	541-884-1649
_____ Family	_____ Family	Dept. of Human Services:	541-883-5511
_____ School	_____ School	Exodus House:	541-884-2319
_____ Agency	_____ Agency		
Counseling Plan		Referrals:	
Provided by:	Paid for by:	Klamath Youth Dept. Cntr.:	541-883-1030
_____ Family	_____ Family	Luthern Community Service:	541-883-3471
_____ School	_____ School	Mental Health:	541-882-7291
_____ Agency	_____ Agency	Crisis Center:	541-884-0390
Other Social Services Needed		Referrals:	
Provided by:	Paid for by:	DHS:	
_____ Family	_____ Family	Child Welfare:	541-883-5570
_____ School	_____ School	Self-Sufficiency:	541-883-5511
_____ Agency	_____ Agency	Health Dept.:	541-882-8846
		Healthy Start:	541-883-1030

Student Signature

Date

Parent/Guardian Signature

Date

School Representative

Date

Date of termination from program: _____

Reason (check one):

Revisions/Additional Referrals: _____

- _____ Drop
- _____ Moved
- _____ Completed HS degree
- _____ Completed GED
- _____ Other: _____
