

## Comprehensive Addiction and Recovery Act (CARA) Plan of Care - PART A

**HOSPITAL REPRESENTATIVE**, for all infants known or with reasonable cause to believe born with a fetal alcohol spectrum disorder, affected by substance use, or experiencing symptoms of withdrawal from a drug as a result of exposure to the drug in utero, please:

1. Complete the Plan of Care with the infant's family/caregiver;
2. Provide a copy of **Part B** of the Plan to the infant's family/caregiver; and
3. Provide a copy of **Parts A and B** to DPBH within 24 hours of infant's discharge.

Participation in a CARA Plan of Care is voluntary and should be completed prior to hospital discharge.

### Section I: Hospital Information

**Name of Hospital:**

**Hospital primary care physician:**

**Actual infant discharge date:**

**Name and title of person completing form:**

**Phone number:**

### Section II: CPS Notification

**Was a CPS notification made?**      **Yes**      **No -If yes, CPS referral Number:**

### Section III: Infant's Information

**First name:**

**Last name:**

**DOB:** (mm/dd/yyyy)

**Sex:**

**Section IV: Mother's Information** unless infant was placed with a caregiver other than parent please note relation

**Relationship to infant:**   mother   father   grandparent(s)   aunt or uncle   other relative   sibling  
other - If other relation, please note:

**First name:**

**Last name:**

**DOB:** (mm/dd/yyyy)

**Phone number:**

**Zip Code:**

### Section V: Additional Members Participating in the Plan of Care (optional)

**Name:**

**Relationship to Infant:**

### Section VI: Mother's Prenatal Substance Use

**Check all that apply**

Alcohol

Stimulants (Adderall, Ritalin)

Methamphetamine/Amphetamines (ice, crank, crystal, ice, uppers, speed)

Marijuana/Hashish

Opioids - **Prescribed** (buprenorphine (Subutex/Suboxone), fentanyl, hydrocodone, oxycodone, methadone)

Cocaine/Crack

Opioids - **Non-Prescribed** (fentanyl, heroin, hydrocodone, oxycodone, buprenorphine, methadone)

Over the Counter Medications

Benzodiazepines (Xanax, valium, klonopin, ativan)  
other sedative –hypnotics ("Z-drugs" ambien, lunesta, sonata)

Other: **Barbiturates, Synthetic** (Bath Salts, Ecstasy, Molly, etc.) **Hallucinogens** (LSD, PCP/angel dust) **Tranquilizers** (downers, ludes) **Inhalants** (gasoline, glue, other aerosols) **Nicotine** (please specify):

**CARA Plan of Care - PART B**

**Infant's family/caregiver and hospital representative complete PART B together.**

**Section I: Referrals, Education, and Plan of Care**

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	The following service(s) are recommended	Referral Person/Organization and Contact Information
<b>Services for Mother/Caregiver(s)</b>		
	Substance Use Disorder Treatment	
	Medication Assisted Treatment (MAT)	
	Peer Support	
	12 Step Group	
	Mental Health/Psychiatry	
	Post-Partum Depression Education/Referral	
	Contraceptive Health Education/Referral	
	Maternal Lactation Education	
	Women Infants & Children (WIC)	
	Food, Clothing, Energy, or Transportation	
	Housing, Emergency Shelter, Safe Shelter	
	Employment/Financial/Insurance Assistance	
	Education, Legal Aid	
	Hepatitis B and C Information	
	Parenting Groups	
	Home Visiting	
	Respite Care	
	Tribal Services	
	Other- please note:	
<b>Services for Infant</b>		
	Pediatrician	
	Safe Sleep	
	Early Intervention	
	Child Care & Head Start	
	Medical Services	
	Other - please note:	
<b>Mother's Primary Care Provider:</b>		

**Section III Signatures:**

*(Indicates consent for voluntary participation in development of this Plan of Care and receipt of a copy of the plan.)*

Parent/Caregiver:	Staff:
Date of signature:	Date of signature: