

CHILD/FAMILY CASE PLAN (Field Supervision)

| IDENTIFYING INFORMATION | |
|--|----------------------------|
| Child's Name: | County Name/Number: |
| Child's Date of Birth: | Caseworker PID: |
| Projected Date of Release From Probation: | |

PURPOSE OF PLAN: The goals and tasks outlined in this plan are designed to help resolve issues that led to your involvement with the juvenile justice system and to ensure the safety, permanency, and well being of your family. You will be expected to participate in developing this case plan and demonstrate progress in achieving the goals listed. Your progress will be reviewed and evaluated. In addition to the activities outlined in the case plan, you are expected to adhere to all court ordered conditions of probation.

| | |
|---|---|
| TITLE IV-E CANDIDACY: Please indicate the tool or documentation that was used to determine if the juvenile is currently a candidate for foster care: | |
| <input type="checkbox"/> Social Investigation/History Report | <input type="checkbox"/> Psychological Report |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Other (<i>explain</i>) |
| <input type="checkbox"/> Based on the above information this juvenile has been determined to be at imminent risk of removal from the home and placement into foster care, absent preventative pre-placement intervention services. If the services described in the following case plan (particularly in the medical, safety/security, emotional/mental health, and family services domains) are not effective, the plan will be removal of the juvenile from his/her home with placement into foster care. | |
| Describe circumstances in the home which currently place the juvenile at imminent risk of removal and placement into foster care: | |
| | |
| | |
| <input type="checkbox"/> Juvenile is not currently a foster care candidate. | |
| Date Determination was made: | |

PRIOR SERVICES: List all services previously provided to help the child remain safely with the family.

| MEDICAL/DENTAL DOMAIN ** | | | |
|---|-----------------------------------|----------------------------------|--|
| NAMES & ADDRESSES OF CHILD'S CURRENT HEALTHCARE PROVIDERS | | | |
| MEDICAL | DENTAL | | |
| Name: | Name: | | |
| Address: | Address: | | |
| City/State/Zip: | City/State/Zip: | | |
| Phone #: | Phone #: | | |
| Child's current medications (including psychotropic meds): | | | |
| Indicate what medications are for: | | | |
| List any other important medical information/concerns: | | | |
| Type of medical coverage: | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private | <input type="checkbox"/> Other (<i>describe</i>) |
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |

| SAFETY/SECURITY DOMAIN ** | | | |
|--|--------------|--|------------|
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |
| EDUCATIONAL DOMAIN | | | |
| NAME & ADDRESS OF CHILD'S CURRENT EDUCATIONAL PROVIDER | | | |
| Name: | | Phone #: | |
| Address: | | City/State: | |
| Child's current grade level placement: | | Child's current grade level performance: | |
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |
| EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN ** | | | |
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |
| PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN (if child is or will be 16 before next review) | | | |
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |
| FAMILY SERVICES DOMAIN ** | | | |
| Goal / Need | Intervention | Person(s) Responsible | Time Frame |
| 1. | | | |
| 2. | | | |
| PARTICIPATION IN DEVELOPMENT OF CASE PLAN & DISTRIBUTION | | | |
| | Child | Family | Other |
| | | | Name: |
| Date Notified | | | |
| Method of Notification | | | |
| Date of Participation | | | |
| Date Copy Received/Mailed | | | |
| LEVEL OF SUPERVISION & PLAN OF CONTACT | | | |
| A. Level of Supervision: | | | |
| B. The JPO will maintain contact with the child and family at least monthly. | | | |
| C. The FREQUENCY AND METHOD of contact between the CHILD AND JPO is as follows (<i>document frequency & method</i>): | | | |
| | | | |
| | | | |

ACKNOWLEDGEMENT

I, the undersigned have received a copy of the case plan, understand the case planning process and have been provided an opportunity to participate in the development of the case plan.

I understand that I may request a review or change of this plan or an evaluation of progress at any time. I may also request an administrative review if I have a complaint about the services being provided, the Juvenile Probation Department or its staff.

Signature of Juvenile **Date:**

Signature of Parent/Legal Guardian or Custodian **Date:**

Signature of Probation Officer **Date:**

Signature of Supervisor **Date:**

If any party has not or refuses to sign, explain why and document whether they were provided a copy of the case plan:
