



Child/Family Case Plan Update (Field Supervision)

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

IDENTIFYING INFORMATION

Child's Name:	County:
Child's Date of Birth:	JPD#:
Projected Date of Release From Probation:	

TITLE IV-E CANDIDACY – RISK ASSESSMENT AND ONE ADDITIONAL SOURCE REQUIRED

Please indicate the tool or documentation that was used to determine if the juvenile is currently a candidate for foster care. The risk assessment or an evaluation approved by TJJD must be used in addition to one other tool or source of documentation. *The date the document or tool was completed or the date the chronological entry was made should be the date referenced below.*

<input type="checkbox"/> RISK ASSESSMENT/APPROVED EVALUATION - REQUIRED		Date:
<input type="checkbox"/> Psychological Report	Date:	<input type="checkbox"/> Social Investigation/History Report
<input type="checkbox"/> Chronological Documentation	Date(s):	
<input type="checkbox"/> Other (<i>list source of documentation</i>):	Date:	

Describe the circumstances in the home that currently place the juvenile at imminent risk of removal and placement into foster care:

Please select one of the options below indicating whether the child is or is not a candidate and the date determination was made:

<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.
<input type="checkbox"/> Juvenile is not currently a foster care candidate.

FAMILY SERVICES DOMAIN ****Describe progress/lack of progress on services being offered to the family to address the issues placing the child at imminent risk of removal from the home and placement into foster care.**

Goal #1	Task/Service #1
Describe progress/lack of progress:	
Goal #2	Task /Service#2
Describe progress/lack of progress:	



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MEDICAL/DENTAL DOMAIN**

Describe progress/lack of progress made related to medical & dental services provided to the child.

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:	
Goal #1	Task #1
Describe progress/lack of progress:	
Goal #2	Task #2
Describe progress/lack of progress:	

SAFETY/SECURITY DOMAIN **

Describe progress/lack of progress related to services offered to address behaviors that might prove injurious to the child.

Goal #1	Task #1
Describe progress/lack of progress:	
Goal #2	Task #2
Describe progress/lack of progress:	

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN **

Describe progress/lack of progress related to emotional or mental health needs that place the child at risk.

Goal #1	Task #1
Describe progress/lack of progress:	
Goal #2	Task #2
Describe progress/lack of progress:	



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**EDUCATIONAL DOMAIN
NAME & ADDRESS OF CHILD'S CURRENT EDUCATIONAL PROVIDER**

Name:		Phone #:
Address:	City/State/Zip:	
Child's current grade level placement:		
Goal #1	Task #1	
Describe progress/lack of progress:		
Goal #2	Task #2	
Describe progress/lack of progress:		

PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN *(if child is or will be 16 before next review)*

Goal #1	Task #1
Describe progress/lack of progress:	
Goal #2	Task #2
Describe progress/lack of progress:	

LIST ANY *NEW NEEDS THAT MAY HAVE BEEN IDENTIFIED SINCE THE LAST PLAN/REVIEW AND THE INTERVENTIONS TO ADDRESS THOSE NEEDS

Goal	Task	Person Responsible	Time Frame
1.			
2.			
3.			
4.			

*NOTE: New goals listed here should be moved to the appropriate domain at the next review.

PARTICIPATION IN DEVELOPMENT & DISTRIBUTION OF CASE PLAN

	Notification Date	Method of Notification	Participation Date	Date Copy Provided/Mailed
Child				
Family				
Other (Name):				

LEVEL OF SUPERVISION & PLAN OF CONTACT

A. Level of Supervision:

B. Is the current level of supervision still appropriate? Yes No

If the current level of supervision is no longer appropriate, indicate the appropriate level:

C. Did the JPO maintain contact with the child and family at least monthly? Yes No

D. The current plan of contact between the child and JPO is as follows (*document frequency & method*):



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ACKNOWLEDGEMENT

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

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 signed or refuses to sign, document the reason and whether he/she was provided a copy of the case plan: