



# Child/Family Case Plan Update/Addendum (Field Supervision)

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

## IDENTIFYING INFORMATION

Child's Name:	County:
Child's Date of Birth:	JPD#:
Date Case Plan/Update completed:	Date of last review:

## 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.*

**RISK ASSESSMENT/APPROVED EVALUATION - REQUIRED** Date:

Psychological Report Date:  Social Investigation/History Report Date:

Chronological Documentation Date(s):

Other (list source of documentation): 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:*

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.

Juvenile is not currently a foster care candidate. Date determination was made:

## ACKNOWLEDGEMENT

The above information has been explained to me. I realize that if the services described in the 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.

I understand that I may request a review or change of the case 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: