



# CHILD AND FAMILY CASE PLAN

## Title IV-E Residential Placement

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

### CHILD/PARENT/CUSTODIAN IDENTIFYING INFORMATION

Child's Name:	County:
Child's Date of Birth:	JCMS/JPD#:
Parent/Custodian Name:	Relationship to Child:

### PURPOSE OF THE CASE 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 are expected to participate in developing this case plan and to 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.

### PRIOR SERVICES

List any services previously offered or provided to help the child remain safely with the family. If no services were offered or provided, there **MUST** be an explanation.

### NOTIFICATION OF REMOVAL

How was the family notified of the child's removal?
Date Notified:

### FACILITY INFORMATION

Name of Facility:	Date of Placement:
Physical Address:	Phone #:
City/State/Zip:	

### DESCRIPTION OF LIVING ARRANGEMENT

Provide a description of the physical living arrangement in which the child is placed.



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**NEED FOR PLACEMENT – CHILD**

*Describe the circumstances that required the child to be removed from his/her home and placed in a residential facility.*

**NEED FOR PLACEMENT – PARENT/CUSTODIAN**

*Describe the family circumstances that may have contributed to the decision to remove the child from his/her home.*

**APPROPRIATENESS OF PLACEMENT**

*Describe the services that are being provided by the facility to meet the child's specific needs identified in the "Need for Placement."*

**SAFETY OF CHILD**

*Describe how the caregiver will ensure the safety of the child while in placement.*

**LEAST RESTRICTIVE (MOST FAMILY-LIKE) PLACEMENT**

*If the child was not placed in the least restrictive setting (e.g. a foster family home of six or fewer children), explain why this was necessary.*



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**CLOSE PROXIMITY – PARENT/CUSTODIAN**

*If the child was not placed within the same county or was placed more than 50 miles away from the parent/custodian, explain why this was necessary.*

**OUT-OF-STATE PLACEMENT\***

*If the child was placed outside Texas, explain why this was necessary and is in the best interest of the child.*

*\* Interstate Compact for the Placement of Children (ICPC) guidelines must be followed and documentation maintained in the child's case file.*

**PERMANENCY PLAN:**

*Select the projected plan for permanency below:*

**DATE OF PROJECTED PERMANENCY:** \_\_\_\_\_

- Return to Parent      \*  Emancipation/Independent Living (*explanation required*)       Adoption
- Place with Relative      \*\*  Another Planned Permanent Living Arrangement (APPLA)  
*(explanation required & child must be at least 16 years of age)*

*\*If Emancipation/Independent Living is the selected permanency plan, there must be an explanation as to why this is in the best interest of the child.*

*\*\*If APPLA is the selected permanency plan, simultaneous efforts must be made to return the child to his/her home or to place the child with a fit and willing relative. Documentation of intensive and ongoing efforts to locate biological family members (including adult siblings) to pursue placement with a fit and willing relative must be provided at each Permanency Hearing.*

*An explanation must be provided as to why APPLA is in the best interest of the child.*



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**MEDICAL/DENTAL INFORMATION**

*Provide the names of the child's health-care providers prior to placement.*

MEDICAL		DENTAL	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone #:		Phone #:	
Child's current medication(s) <i>(including psychotropic medication)</i> :			
Indicate the conditions for which the medications are prescribed:			
List any other important medical information or concerns:			
<b>DATE CHILD'S IMMUNIZATION/HEALTH-CARE RECORDS WERE PROVIDED TO CAREGIVER:</b>			
Goal #1:			
Action Step/Task:			
Person Responsible:		Projected Completion Date:	
Goal #2:			
Action Step/Task:			
Person Responsible:		Projected Completion Date:	

**EDUCATION INFORMATION**

*Provide the name of the child's most recent educational provider prior to placement.*

Name:		Phone #:	
Address:		City/State/Zip:	
Child's current grade-level placement:			
Child's current grade-level performance:      Reading:                      Spelling:                      Math:			

*If the child's grade-level performance is not included in the psychological evaluation or other documentation, enter 'unknown.'*

**DATE CHILD'S EDUCATIONAL RECORDS WERE PROVIDED TO CAREGIVER:**

**CLOSE PROXIMITY – FORMER SCHOOL**

*If the child was unable to attend the same school that was attended prior to placement, explain why.*

Goal #1:			
Action Step/Task:			
Person Responsible:		Projected Completion Date:	



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Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**BEHAVIORAL/EMOTIONAL/MENTAL HEALTH SERVICES**

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**SUBSTANCE ABUSE SERVICES**

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**INDEPENDENT LIVING SKILLS/PAL SERVICES** *(if child is or will be 14 years of age before the next review).*

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**SERVICES FOR THE PARENT/CUSTODIAN**

*Describe services offered or provided to the parent/custodian to whom the child will be released.*

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:



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Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**SUPPORT SERVICES FOR THE CAREGIVER**

*Please describe services (in addition to monthly contact) the department offered or provided to the caregiver to support his/her treatment efforts to help meet the child's needs and facilitate the child's return to his/her home.*

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:

**TRANSITION/COMMUNITY RESOURCES**

*Describe services that will be provided or offered to assist the child and family in the child's transition back into his/her home and community upon discharge. The resources described should be located in the community to which the child will be discharged and be provided when the child returns home, not while the child is in placement.*

Resource/Agency:	
Contact Name:	Phone #:
Service/Resource to be Provided:	
Resource/Agency:	
Contact Name:	Phone #:
Service/Resource to be Provided:	

**CONTACT BETWEEN CHILD AND FAMILY**

*It is the family's right and responsibility to maintain contact with their child through letters, visits, or telephone calls (as deemed appropriate by the caregiver and department). The method and frequency of contact between the child and family will be as follows:*

Method of Contact:
Frequency of Contact:

**CONTACT BETWEEN THE JUVENILE PROBATION OFFICER (JPO) AND THE CHILD, FAMILY, AND CAREGIVER**

*The JPO will maintain contact with the child, parent/custodian, and caregiver on at least a monthly basis. This includes at least one per month face-to-face (in-person) visit with the child at his/her place of residence to ensure the child's safety and well-being.*



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**PARTICIPATION IN DEVELOPMENT AND DISTRIBUTION OF CASE PLAN**

	Child	Parent/Custodian	Caregiver	Other
Date of Participation				
Date Copy Provided or Mailed				

If the child is 14 years of age or older, the child may choose up to two individuals to be included in the case planning team that develops the current case plan and any revisions or updates. The individuals chosen may not be the child's foster parent or caseworker. An individual selected by the child may be rejected at any time if the department has good cause to believe that the selected individual would not act in the best interest of the child.

**ADDITIONAL MEMBERS OF CASE PLANNING TEAM SELECTED BY THE CHILD**

Name	Relationship to Child	Date of Participation

If the child's selections were determined to be contrary to the child's best interest, please explain why:

No additional individuals were selected by the child to participate in developing this case plan.

*The services documented in this plan are appropriate and consistent with the best interest and specific needs of the child and family. This plan documents the steps being taken by all parties to finalize the permanency plan.*

**ACKNOWLEDGMENTS AND SIGNATURES**

*I have received a copy of the case plan. I have also received information regarding my rights as a parent/custodian or the Foster Care Bill of Rights, as applicable. I fully understand the case planning process and its purpose and have been provided an opportunity to participate in the development of this case plan.*

**Parent or Custodian Only** - *I understand that I may request a review of this case plan, a change to this case plan, or a review of progress at any time. I may also request an administrative review if I have a complaint about the services being provided by the caregiver or if I have a complaint about the Juvenile Probation Department or its staff.*

Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_



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*If any party has not signed, or refuses to sign this case plan/update, an explanation MUST be provided:*

**JUVENILE PROBATION DEPARTMENT SIGNATURE/APPROVAL**

JPO: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



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**RIGHTS OF THE PARENT(S) OR CUSTODIAN OF A YOUTH IN FOSTER CARE**

1. You have the right to know that you and your child will be treated fairly regardless of race, religion, national origin, language, economic status, disability, gender, sexual orientation, or age and that each child will be treated as an individual.
2. You have the right to visit your child while he/she is in residential placement (*in accordance with departmental and facility visitation policies and procedures*).
3. You have the right to be an active participant when decisions are made about your child, which includes being notified of any change in your child’s placement, and to discuss these decisions with your child’s juvenile probation officer (JPO) and the JPO’s supervisor if you feel your concerns have not been addressed.
4. You have the right to be informed about matters related to your child’s welfare and to be an active and vocal advocate on behalf of your child.
5. You have the right to be notified if there is a change in your visitation schedule.
6. You have the right to know the plan of action necessary to have your child returned to you, and you have the responsibility to follow that plan in order to correct the circumstances which required the placement of your child in residential placement.
7. You have the right to be notified of any unusual occurrence regarding your child including, but not limited to, injury, illness, or runaway.
8. You have the right to be notified of any facility staffing, placement review, Administrative Review, or Permanency Hearing which has the potential of impacting the return of your child. You also have the responsibility to participate in these staffings and reviews and in the development of the case plan and case plan updates for your child.
9. While your child is in residential placement, you have the right to have his/her case reviewed at least once every six months to ensure that appropriate services and/or treatment are being provided.

I understand the rights listed in the Rights of the Parent(s) or Custodian of a Youth in Foster Care and have received a copy of these rights.

Parent/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

JPO: \_\_\_\_\_ Date: \_\_\_\_\_



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### FOSTER CARE BILL OF RIGHTS Rights of Children and Youth in Foster Care

**Purpose:** Children and youth in foster care have certain rights with respect to education, health, visitation, court participation, the right to be provided certain documents when released from placement, and the right to be safe and not be exploited. The Foster Care Bill of Rights (Rights) will ensure that each child and youth in foster care is provided information regarding his or her rights and that these rights are explained to the child or youth in an age appropriate manner.

The rights will be provided to and reviewed with the child or youth in conjunction with the development of the initial child and family case plan and whenever a change in foster care placement is made. When the rights have been explained to the child or youth, he/she will be given a copy of the Rights and a copy will be placed in his/her case file.

### RIGHTS OF THE CHILD OR YOUTH

#### SAFETY AND CARE

1. I have the right to be told:
  - Why I am in foster care
  - What will happen to me
  - What is happening to my family (including brothers and sisters)
  - What the plans are for my future
2. I have the right to receive good care and treatment that meets my needs in the least restrictive setting possible. This means I have the right to live in a safe, healthy, and comfortable place. I am to be protected from getting hurt, to be treated with respect, and to have some privacy for personal needs.
3. I have the right to be told the rules by a person at the place where I am living.
4. I have the right to be free from abuse, neglect, exploitation, and harassment from any person in the household or facility where I live.
5. I have the right to fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.

#### FAMILY AND OTHER CONTACTS

6. I have the right to visit and have contact with my family, including brothers and sisters (unless a court order doesn't allow it or my juvenile probation officer has determined it is not in my best interest) and to have my juvenile probation officer explain any restrictions to me and document them in my case file.
7. I have the right to visit and have contact with persons outside the foster care or juvenile justice system as determined appropriate and approved by my juvenile probation officer and caregiver. These visitors may be, but are not limited to, teachers, church members, mentors, and friends.



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### HAVE A NORMAL LIFE

8. I have the right to speak and to be spoken to in my own language when possible. This includes Braille if I am visually impaired or sign language if I am hearing impaired. If my caretaker does not know my language, a plan will be provided to me to enable me to communicate.
9. I have the right to go to school and get an education that fits my age and meets my educational needs.
10. I have the right to have my religious needs met.
11. I have the right to participate in childhood activities and to attend my choice of community, school, and religious services and activities (including extracurricular activities) to the extent that is appropriate for me, as planned for and discussed by my caregiver and juvenile probation officer.
12. I have the right to comfortable clothing similar to clothing worn by other children in the community and clothing that does a good job of protecting me against natural elements such as rain, snow, wind, cold, sun, and insects.
13. I have the right to have personal items and gifts where I live and to get additional things within reasonable limits, as planned for and discussed by my caregiver and juvenile probation officer and to the extent that is appropriate for me.
14. I have the right to personal space to store my clothing and belongings.
15. I have the right to healthy food in healthy portions appropriate for my age and activity level.
16. I have the right to receive training in personal care, hygiene, and grooming.
17. I have the right to be informed of search policies. I have the right to be told if certain items are forbidden (or if I am not allowed to have them) and why. If my belongings are removed, it must be documented.
18. I have the right to access to my personal earnings and to be paid for any work done, except for routine chores or work assigned as fair and reasonable discipline.
19. I have the right to be asked for my permission, in writing, before taking part in any publicity or fund raising activity for the place where I live, including the use of my photograph.
20. I have the right to be informed, in writing, of policies about emergency behavioral interventions. I have the right to know how I will be controlled if I cannot control my own behavior and how staff members will keep me and those around me safe.
21. I have the right to keep a personal journal, to send and receive mail, and to make and receive private phone calls unless an appropriate professional or a court says that restrictions are necessary for my best interests.
22. I have the right to refuse to make public statements showing my gratitude to a foster home or agency.
23. I have the right to receive or request treatment for physical, emotional, mental health, or chemical dependency needs separately from adults (other than young adults) who are receiving services.



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### DISCIPLINE

24. I have the right to be free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes that I should never:
- Be shaken, hit, spanked, or threatened;
  - Be forced to do unproductive work;
  - Be denied food, sleep, access to bathroom facilities, mail, or family visits;
  - Have myself or my family made fun of; or
  - Be threatened with losing placement or shelter.
25. I have the right to be disciplined in a manner that is appropriate for my level of maturity, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment, or threat of corporal punishment.

### PLANS FOR ME WHILE IN CARE

26. I have the right to see my juvenile probation officer at least once a month and in private if I want to talk without others being around.
27. When I am 14 or older, I have the right to participate in transition planning meetings that include planning for my career and to receive help enrolling in a college or an educational or vocational job training program. I also have the right to review and receive a copy of my plan.
28. I have the right to actively participate in developing my case plan and permanent living arrangement. I have the right to ask someone to act on my behalf or to support me in my participation. At age 14, I have the right to invite two or more additional people of my choosing, that are not my foster parent or caseworker, to participate in my case planning meeting.

### **IF I AM AGE 16 OR OLDER, I ALSO HAVE THESE ADDITIONAL RIGHTS:**

29. I have the right to attend Preparation for Adult Living (PAL) classes and activities if I am eligible as determined by my case plan.
30. I have the right to be told about services, programs, and benefits available to me when I leave care, such as but not limited to PAL, education training voucher program, college tuition and fee waiver, STAR Health-Medicaid, or extended foster care.
31. I have the right to participate in meetings where my medical services are reviewed, as appropriate. I have the right to be given a copy or summary of my plan and to review it and to ask someone to act on my behalf or to support me in my participation.
32. I have the right to get help in obtaining a place to live and information on the cost of housing when aging out of care so that I can plan for my future independence.
33. I have the right to be told about educational opportunities when I leave care.



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34. I have the right to receive help in obtaining an independent residence when I age out of care and to receive information on the cost of housing so that I can plan for my future independence.
35. I have the right to consent to some or all of my medical care as authorized by the court and based on my level of maturity. For example, if the court authorizes, I may give consent:
- To diagnose and treat an infectious, contagious, or communicable disease;
  - To examine and treat drug addiction;
  - For counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse; and
  - For hospital, medical, or surgical treatment (other than abortion) related to pregnancy, if I am unmarried.

If I consent to any medical care that has not been approved by the court or my caseworker, I will be legally responsible for paying for these services.

36. I have the right to request a hearing from a court to determine if I have the capacity to consent to medical care (Texas Family Code Section 266.010).
37. I have the right to seek proper employment, keep my own money, and have my own bank account in my own name, depending on my case plan and age or level of maturity.

### MEDICAL

38. I have the right to good quality medical, dental, and vision care and mental health and developmental services that adequately meet my needs. I have the right to also request that the care or services be provided separate from adults (other than young adults) who are receiving services.
39. I have the right not to be forced to take unnecessary or too much medication.
40. I have the right to be involved in decisions about my medical care:
- I may consent to my own treatment in some cases if allowed by the health care provider. For example, the law allows me to consent to my own counseling for suicide prevention, drug or alcohol problems, or sexual, physical, or emotional abuse. I can also agree to be treated for serious contagious or communicable diseases.
  - If I am pregnant and unmarried, I can agree to hospital, medical, or surgical treatment (other than abortion) related to the pregnancy. If I have a child who is in my legal care, I can consent to all medical care for my child.
  - I have the right to ask a judge to legally authorize me to make some or all of my own medical decisions, such as which kinds of medications I should take.
41. I have the right not to be pressured to have an abortion or to give up my child for adoption. I have the right to parent my child.
42. I have the right to hire independent mental health professionals, medical professionals, and attorneys at my own expense.



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### LEGAL/COURTS

43. I have the right to contact and speak privately to my juvenile probation officer, attorney, caseworker, court appointed special advocate (CASA), and Disability Rights Texas representative.
44. I have the right to go to hearings and speak to the judge, including talking to the judge about where I am living and what I'd like to see happen with my family and my case.

### RECORDS

45. I expect that my records and personal information will be kept private and will be discussed only when it is about my care.
46. I have a right to receive a copy of the Foster Care Bill of Rights and to have the Rights explained to me.
47. I have the right to receive a credit report annually, beginning at age 14, to be informed of the results, and to receive assistance in interpreting the report and disputing any inaccuracies.
48. I have the right to receive help with getting my social security card, birth certificate, and state ID card.
49. I have the right to get necessary personal information within 30 days of leaving care, including my immunization and medical records, proof of Medicaid enrollment, information about how to set up a medical power of attorney, and educational records.

### COMPLAINTS

50. I have the right to call the **Texas Abuse/Neglect Hotline at 1-800-252-5400** to report abuse, neglect, exploitation, or a violation of personal rights without fear of punishment, interference, coercion, or retaliation.
51. I have the right to complain to the **Office of the Independent Ombudsman at 1-512-490-7973** if I feel my rights have been violated or ignored. I cannot be punished or threatened with punishment for making complaints, and I have the right to make an anonymous complaint if I choose.
52. I have the right to contact **Disability Rights Texas at 1-800-252-9108**. Disability Rights Texas is the Protection and Advocacy System agency in Texas. Their purpose is to provide assistance to individuals with disabilities if they feel their rights have been violated.

Disability Rights Texas  
2222 West Braker Lane  
Austin, Texas 78758  
Phone: (512) 454-4816 | Toll-Free: (800) 252-9108 (nationwide)  
TDD: (512) 454-4816  
Fax: (512) 323-0902  
Video Phone: 1-866-362-2851  
Web: [www.disabilityrightstx.org](http://www.disabilityrightstx.org)



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I understand the rights listed in the Foster Care Bill of Rights and have received a copy of these rights.

Child/Youth: \_\_\_\_\_ Date: \_\_\_\_\_

JPO: \_\_\_\_\_ Date: \_\_\_\_\_