



CHILD AND FAMILY CASE PLAN UPDATE
Title IV-E Residential Placement

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

- 6 Mo. Review 12 Mo. Review 18 Mo. Review 24 Mo. Review 30 Mo. Review

Date of Initial Placement	Date of Last Case Plan Update	Date of Current Case Plan Update

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 UPDATE

The status of every child placed outside his/her home must be reviewed periodically but no less frequently than once every six months either a by court or an administrative review to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward alleviating or mitigating the causes necessitating placement. The child, parent/custodian, and caregiver will be afforded an opportunity to participate in either the court or administrative review process.

FACILITY INFORMATION

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

CONTINUED NEED FOR PLACEMENT – CHILD

Update and describe the circumstances that require the child to continue to remain in placement.

CONTINUED NEED FOR PLACEMENT – PARENT/CUSTODIAN

Update the family circumstances and, if applicable, how those circumstances necessitate the child's continued placement.



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APPROPRIATENESS OF PLACEMENT

Update and describe the services that are currently being provided by the facility to meet the child's specific needs identified in the "Continued Need for Placement."

SAFETY OF CHILD

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

OUT-OF-STATE PLACEMENT*

If the child is placed outside Texas, explain why this continues to be 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.



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***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.

If the update is for a Permanency Hearing, document efforts to locate a fit and willing relative.

TERMINATION OF PARENTAL RIGHTS (TPR) *(to be addressed at the 18-month update and at each subsequent update)*

If the child has been in foster care for 15 of the last 22 months, are there plans to file for TPR? Yes No NA
If "No," please provide the compelling reason why TPR is not in the child's best interest:

MEDICAL/DENTAL INFORMATION

Update and provide the names of the child's current health-care providers at 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:			
Goal #1:			
Action Step/Task:			
Person Responsible:		Projected Completion Date:	



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Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

EDUCATION INFORMATION

Update and provide the name of the child's current educational provider at placement.

Name:	Phone #:
Address:	City/State/Zip:
Child's current grade-level placement:	
Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	



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Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

BEHAVIORAL/EMOTIONAL/MENTAL HEALTH SERVICES

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	



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SUBSTANCE ABUSE SERVICES

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

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:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	



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Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

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:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	



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SUPPORT SERVICES FOR THE CAREGIVER

Please describe services 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:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Extent of Compliance in Completing Action Step/Task:	
Extent of Progress Toward Achieving Goal:	

LIST NEW NEEDS THAT MAY HAVE BEEN IDENTIFIED SINCE THE LAST CASE PLAN/UPDATE AND THE ACTION STEP/TASK(S) TO ADDRESS THOSE NEEDS

Goal	Action Step/Task	Person Responsible	Projected Completion



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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:	

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 department and the caregiver).

Did the family maintain contact with their child as described in the previous case plan or case plan update? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," explain why not:

The updated (current) method and frequency of contact between the child and family is 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 face-to-face (in person) visit with the child at his/her place of residence to ensure the child's safety and well-being.

Did the JPO maintain contact with the child, parent/custodian, and caregiver on a monthly basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," explain why not:
Did the child receive at least one monthly face-to-face (in person) visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," explain why not:

PARTICIPATION IN DEVELOPMENT AND DISTRIBUTION OF CASE PLAN UPDATE

	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 all future case plan 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



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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 update.

Name of Administrative Review Facilitator:	Facilitator Place of Employment and Title:
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***THE FOLLOWING INDIVIDUALS WERE INVITED TO PARTICIPATE IN THE ADMINISTRATIVE REVIEW (STAFFING) OR PERMANENCY HEARING**

Name	Relationship to Child	Type of Notification	Date of Notification	Date of Participation

**Documentation must reflect that the parent/custodian and caregiver were invited to participate in the Administrative Review or Permanency Hearing. If any party does not participate (either in person or via electronic means) in the Administrative Review or Permanency Hearing, indicate "Did Not Participate" or "DNP."*

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 update and fully understand the case planning process and its purpose and have been provided an opportunity to participate in the development of this case plan update.

Parent or Custodian Only - *I understand that I may request a review of this case plan update, a change to this case plan update, 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: _____
Facilitator: _____ Date: _____

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



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JUVENILE PROBATION DEPARTMENT SIGNATURE/APPROVAL

JPO: _____ Date: _____

Supervisor: _____ Date: _____