



Child/Family Case Plan (Field Supervision)

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

IDENTIFYING INFORMATION

Child's Name:	County:
Child's Date of Birth:	JPD#:
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.

PRIOR SERVICES: List services (i.e., by schools, CPS, substance abuse, counseling, evaluations, or assessments etc.) previously provided to help the child remain safely with the family.

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	Date:
<input type="checkbox"/> Chronological Documentation	Date(s):
<input type="checkbox"/> 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:



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FAMILY SERVICES DOMAIN ***Describe 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	Task/Service	Person Responsible	Time Frame
1.			
2.			

MEDICAL/DENTAL DOMAIN ****

Describe any medical needs, including chronic or acute medical conditions, medication management, dental needs etc.)

LIST NAMES & ADDRESSES OF CHILD'S CURRENT HEALTHCARE/DENTAL CARE 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: Medicaid Private Other *(describe):*

Goal	Task/Service	Person Responsible	Time Frame
1.			
2.			

SAFETY/SECURITY DOMAIN ****

Describe any behaviors of the child that might be injurious to the child or that place the child at risk.

Goal	Task/Service	Person Responsible	Time Frame
1.			
2.			

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN ****

Describe any emotional or mental health issues that might place the child at risk.

Goal	Task/Service	Person Responsible	Time Frame
1.			
2.			



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

Name:		Phone #:	
Address:		City/State/Zip:	
Child's current grade level placement:			
Child's current grade level performance: Math: Reading: Verbal: Overall IQ: <input type="checkbox"/> Unknown			
Goal	Task/Service	Person Responsible	Time Frame
1.			
2.			

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

Goal	Task/Service	Person Responsible	Time Frame
1.			
2.			

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. 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 (*document frequency & method*):

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