



# CHILD AND FAMILY CASE PLAN

## Field Supervision

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: |
| Projected Date of Release from Probation: |                        |

### 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 show 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 comply with all court-ordered conditions of probation.

### PRIOR SERVICES

List any services (e.g., by schools, by CPS, substance abuse programs, counseling, evaluations, assessments, etc.) previously provided to help the child remain safely with the family.

### TITLE IV-E CANDIDACY: RISK ASSESSMENT/EVALUATION AND ONE ADDITIONAL SOURCE REQUIRED

*Please indicate the tools or documentation used to determine if the child 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 information. The dates listed below should be the date the document or tool was completed or the date the chronological entry was made.*

| <input type="checkbox"/> <b>RISK ASSESSMENT/APPROVED EVALUATION-REQUIRED</b> | <b>DATE:</b> |
|--|--------------|
| <input type="checkbox"/> Psychological/Psychiatric Report or Evaluation(s)   | Date(s):     |
| <input type="checkbox"/> Social History/Pre-Disposition Report(s)            | Date(s):     |
| <input type="checkbox"/> Chronological Documentation                         | Date(s):     |
| <input type="checkbox"/> Other ( <i>source must be identified</i> ):         | Date(s):     |

Describe the circumstances in the home that currently place the child at imminent risk of removal and placement into foster care. The description must include information regarding the responses of the parent/custodian to problematic behaviors and the impact of these responses on the safety and well-being of the child.

*Please select one of the options below indicating whether the child is or is not a candidate.*

- Based on the above information, this child 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 are not effective, the plan will be removal of the child from his/her home with placement into foster care.
- Child is currently not a foster care candidate.



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### SERVICES FOR THE PARENT/CUSTODIAN

*Identify goals and services for the parent/custodian to address the issues that place the child at risk of harm. If these services are not effective, the plan will be removal of the child from his/her home with placement into foster care.*

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

### MEDICAL/DENTAL INFORMATION

*Address medical and dental health needs, including chronic or acute medical conditions, medication management, etc.*

|   |                            |
|---|----------------------------|
| Type of medical coverage: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Other (describe): |                            |
| Child's current medications (including psychotropic meds):  |                            |
| Indicate what medications are for:  |                            |
| List any other important medical information/concerns:  |                            |
| 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 current educational services provider and address educational goals, as appropriate.*

|  |                            |
|--|----------------------------|
| Name:                                  | Phone #:                   |
| Address:                               | City/State/Zip:            |
| Child's Current Grade-Level Placement: |                            |
| Goal #1:                               |                            |
| Action Step/Task:                      |                            |
| Person Responsible:                    | Projected Completion Date: |
| Goal #2:                               |                            |
| Action Step/Task:                      |                            |
| Person Responsible:                    | Projected Completion Date: |



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#### **SAFETY AND SECURITY**

*Identify goals and action steps to address behaviors of the child that might be injurious to the child's safety or place the well-being of the child at risk.*

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

#### **BEHAVIORAL/EMOTIONAL/MENTAL HEALTH SERVICES**

*Identify goals and action steps to address emotional or mental health issues that might place the child at risk of harm.*

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

#### **SUBSTANCE ABUSE SERVICES**

*Identify goals and action steps to address substance abuse issues that might place the child at risk of harm.*

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

#### **PREPARATION FOR ADULT LIVING/VOCATIONAL INFORMATION**

*Identify goals to assist the child to transition to adulthood or to pursue a vocation, as appropriate.*

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



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### PARTICIPATION IN DEVELOPMENT AND DISTRIBUTION OF CASE PLAN

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

### LEVEL OF SUPERVISION AND PLAN OF CONTACT

*The juvenile probation officer (JPO) will maintain contact with the child and parent/custodian at least monthly.*

|   |
|---|
| A. Level of supervision:                                  |
| B. Frequency of contact between child and JPO:            |
| C. Method of contact between child and JPO:               |
| D. Frequency of contact between parent/custodian and JPO: |
| E. Method of contact between parent/custodian and JPO:    |

### TRANSITION/COMMUNITY RESOURCES

*Describe community resources that will be made available to the child and parent/custodian to assist in maintaining the child safely in the home or to provide support services to ensure the safety and well-being of the child and family.*

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

### ACKNOWLEDGEMENT AND SIGNATURES

*My signature below means that I have received a copy of the case plan, understand the case planning process, and have been provided the opportunity to participate in the development of this case plan.*

*I understand I may request a review of this case plan, a change to this 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.*

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

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

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

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.*