



CHILD AND FAMILY CASE PLAN UPDATE

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 UPDATE

The goals and tasks outlined in the previous case plan or case plan update 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. Case plan updates are conducted periodically, but no less frequently than once every six months, to evaluate your progress in achieving the goals identified and to revise or update the goals included in the plan. You are expected to participate in this process and in updating the goals in the plan. In addition to the activities outlined in the case plan update, you are expected to comply with all court-ordered conditions of probation.

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"/> RISK ASSESSMENT/APPROVED EVALUATION – REQUIRED	DATE:
<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

Describe the progress (or lack of progress) made by the parent/custodian in achieving the goals that address the issues placing 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:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	

MEDICAL/DENTAL INFORMATION

Describe the progress (or lack of progress) related to medical and dental services (including chronic or acute medical conditions, medication management, etc.) provided to the child.

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:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	



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EDUCATION INFORMATION

Provide the name of the child's current educational services provider and address educational goals, as appropriate. Describe progress made in achieving any educational goals that have been identified.

Name:		Phone #:
Address:	City/State/Zip:	
Child's Current Grade-Level Placement:		
Goal #1:		
Action Step/Task:		
Person Responsible:		Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled		
Describe the progress (or lack of progress) made in achieving the goal listed above:		
Goal #2:		
Action Step/Task:		
Person Responsible:		Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled		
Describe the progress (or lack of progress) made in achieving the goal listed above:		

SAFETY AND SECURITY

Describe the progress (or lack of progress) in achieving goals that 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:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled		
Describe the progress (or lack of progress) made in achieving the goal listed above:		
Goal #2:		
Action Step/Task:		
Person Responsible:		Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled		
Describe the progress (or lack of progress) made in achieving the goal listed above:		



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BEHAVIORAL/EMOTIONAL/MENTAL HEALTH SERVICES

Describe the progress (or lack of progress) made in achieving the goals that 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:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	

SUBSTANCE ABUSE SERVICES

Describe the progress (or lack of progress) made in achieving goals that address substance abuse issues that might place the child at risk of harm.

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	



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PREPARATION FOR ADULT LIVING/VOCATIONAL INFORMATION

Describe the progress (or lack of progress) made in achieving goals developed to assist the child transition to adulthood or to pursue a vocation.

Goal #1:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	
Goal #2:	
Action Step/Task:	
Person Responsible:	Projected Completion Date:
Status of Goal: <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed/Canceled	
Describe the progress (or lack of progress) made in achieving the goal listed above:	

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:	



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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 update.

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: