

CHILD/FAMILY CASE PLAN (Secure Residential Placement)

IDENTIFYING INFORMATION	
Child's Name:	County:
Child's Date of Birth:	Caseworker PID:

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 you and your family. You will be expected to participate in developing this case plan and demonstrate progress in achieving the goals listed. Your progress will periodically 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 all services previously provided to help the child remain safely with the family. If no services were provided, there **MUST** be an explanation.

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

NEED FOR PLACEMENT: Explain why this child requires placement. Discuss the child's behavior **AND** the family situation.

APPROPRIATENESS OF PLACEMENT: Explain what specific services are being provided to meet the child's needs as discussed in the 'need for placement' above.

MEDICAL/DENTAL DOMAIN
NAMES AND ADDRESSES OF CHILD'S MOST RECENT HEALTHCARE PROVIDERS
(prior to placement)

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:

Date child's immunization & health records were provided to facility designee:

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

SAFETY/SECURITY DOMAIN

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

RECREATIONAL DOMAIN

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

EDUCATIONAL DOMAIN
NAME AND ADDRESS OF CHILD'S MOST RECENT EDUCATIONAL PROVIDER
(prior to placement)

Name: _____ **Phone #:** _____

Address: _____ **City/State:** _____

Child's current grade level placement: _____ **Child's current grade level performance:** _____

Date child's educational records were provided to facility designee:

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			
RELATIONSHIP/SOCIALIZATION DOMAIN			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			
PARENT AND CHILD PARTICIPATION DOMAIN			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

PERMANENCY PLAN: Plan for the safe and permanent placement of the child.

- Return to parent * Emancipation/independent living Adoption
 Place with relative * Other permanent living arrangement

**If emancipation/independent living or other permanent living arrangement is the permanency plan, explain why this is in the best interest of the child.*

PROJECTED PERMANENCY DATE: _____

SECONDARY DOMAINS

**The following domains are used for consideration when developing the child's case plan to address more specific needs that the child and/or the family may have.*

PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN <i>(if child is or will be 16 before next review)</i>			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			
FAMILY SERVICES DOMAIN			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			
SUPPORT SERVICES PROVIDED TO FACILITY DESIGNEE <i>(identify services the department will provide to the facility designee to assist in meeting the child's needs)</i>			
Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

PARENTAL/FAMILIAL RIGHTS AND RESPONSIBILITIES

Along with the right to visit your child, you have the right to be notified of any change in the placement of your child.

You have a right to be notified if there is a change in your visitation schedule.

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 substitute care.

You have the right to be notified of any unusual occurrence regarding your child such as injury, illness, runaway, etc.

You have the right to be notified of any child facility staffing, placement review, or administrative hearing, which has the potential for impacting the return of your child. In addition, you have the responsibility to attend these staffings/reviews and participate in the development of the plan of action.

While your child is in placement, you have the right to be involved in the review of this case plan that occurs at least every ninety (90) calendar days to ensure that appropriate treatment is being provided.

SIGNATURES *(The signature of the facility designee indicates a completed case plan)*

BY SIGNING THIS DOCUMENT, IT IS AN ACKNOWLEDGEMENT OF THE OPPORTUNITY TO PARTICIPATE IN THE DEVELOPMENT OF THIS CASE PLAN.

CHILD:	DATE:
FAMILY:	DATE:
JPO:	DATE:
FACILITY DESIGNEE:	DATE:

DATE DISTRIBUTED

(A copy of the completed case plan shall be distributed to all who participated in its development by the facility designee)

CHILD	FAMILY	JPO

If any party has not, or refuses to sign, explain: