

*Tool 6*

JV#, Child first and last name

**Choose an agency**

*If Other, specify:* **Enter agency**

**Case Plan**

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| [ ]  **In-Home Case Plan** [ ]  ***Absent effective preventative services, out of home care is the planned arrangement for the child.***[ ]  **Out-of-Home Case Plan** ***If sufficient progress is not made, the case plan is used to help achieve a permanent plan other than return home.*** |
| **DEMOGRAPHIC INFORMATION** |
| **FRAME #** | Enter FRAME # | **CPS Assessment #** | Enter Assessment # |
| **Case Manager** | First and last name | **Supervisor** | First and last name |
| **Case Name** | Enter case name |  |
| **Date of Warm Handoff 2** | Select date |

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| **CHILDREN** |
| First and last name | Age **years old** | **DOB:** MM/DD/YY |
| **Native American Heritage?** | [ ]  **Yes** Enter Tribe | [ ]  **No** | [ ]  **Unknown** |
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| **RESIDENT OR PRESENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone**Enter phone # | **Address**Enter address |

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| **NONRESIDENT OR ABSENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone**Enter phone # | **Address**Enter address |

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| **OTHER ADULTS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone**Enter phone # | **Address**Enter address |

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| **CASE PLAN GOAL(S)** |

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| **Parent/Caregiver**  | First and last name |
| **GOAL** |
| Enter the parent’s/caregiver’s goal |
| **TASKS** |
| Enter all tasks associated with the above goal | Person(s) assigned to complete each task |
| **Goal Start Date** | Select start date | **Target Goal End Date** | Select end date |

*= = Any future changes to the Case Plan will be reflected in the Protective Capacities Progress Assessment (PCPA) = =*

 **Case Plan Signature Page**

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| **Case Name:** | Enter case name |

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| **CASE PLAN SIGNATURES** |
| **Print Name** | **Signature** | **Role** | **Do you agree with the plan?** | **Date** |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  | [ ]  Yes [ ]  No |  |

**For all Case Plan Participants:** By signing this case plan you are acknowledging that: 1) You were informed of the action or task you have agreed to perform; 2) You understand and are in agreement with the requirements and will fulfill them to the best of your ability; and 3) You agree to contact the case manager if you are unable to perform your responsibilities. Either you have received a copy of this plan or one will be mailed to you.

**Supervisor’s Approval**

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| **Print Name** | **Signature** | **Date** |