

*Tool 6*

JV#, Child first and last name

**Choose an agency**

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

**Case Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILDREN** | | | | |
| First and last name | | Age **years old** | **DOB:** MM/DD/YY | |
| **Native American Heritage?** | **Yes** Enter Tribe | | **No** | **Unknown** |
|  | | | | |

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

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