**Title IV-E PRE-PLACEMENT CASE PLAN**

|  |  |
| --- | --- |
| Minor’s Name:  | DOB:  |
| Date Case Plan Completed: Date Case Plan Completed:      | [ ]  Initial Case Plan [ ]  Six Month Review [ ]  Change in Case Plan |

The minor is at imminent risk of out-of-home care because of the issues indicated in the Evaluation of Imminent Risk and Reasonable Candidacy which affect his/her and the family’s safety and well-being.  Preliminary review indicates the minor/family need the services indicated in order for the minor to safely remain in his/her home. Absent the effectiveness of the services outlined in this case plan, the plan is to remove the child from their home to a suitable foster care placement.

***Please indicate in the box below the issues and services needed that place the minor at Imminent Risk of removal:***

Based on the Evaluation of Imminent Risk and Documentation of Reasonable Candidacy completed by the Probation Officer, as well as input from the minor, parent(s), and others related/concerned with the minor, the following case plan will be implemented.

**Overall Goal**

Minor to remain in the home. Absent these services or should preventative services fail, the minor will be removed from the home and placed in a suitable foster/group home.

**Youth and Family Strengths (Check all that apply)**

|  |  |  |
| --- | --- | --- |
| [ ]  Proactive Family | [ ]  Pro-Social Activities | [ ]  Pro-Social Attitude |
| [ ]  Positive Extended Family | [ ]  Positive Peer Group | [ ]  Healthy Family Bonds |
| [ ]  Resilient | [ ]  Other | [ ]  None of the Above |

**Planned Placement Option(s) if Preventative Services are not Effective**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Members** | **Relationship** | **Address** | **Phone Number** |
|       |       |            |       |
|       |       |            |       |

|  |  |
| --- | --- |
| **Group Home Type or Other Foster Care Placement(s)** | **Notes on Foster Placement****(*May include service(s) to be provided, level of group home, location, etc.)*** |
|       |       |
|       |       |

**Objectives and Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domain** | **Objective** | **For Whom** | **Services, Referrals and/or Activities** | **Date Ref/.****Services** | **Projected****Completion** | **Date****Complete** |
| Medical: |       |       | [ ]  Obtain Medicalcoverage |       |       |       |
| [ ]  Refer to physician for:      |       |       |       |
| [ ]  Refer to dentist for:      |       |       |       |
| [ ]  Other       |
| Mental Health |       |       | [ ]  Refer for assessment |       |       |       |
| [ ]  Counseling |
| [ ]  Other       |
| Education[ ]  Truant[ ]  Poor grades [ ]  Suspension[ ]  Expulsion[ ]  Disruptive[ ]  Active IEP[ ]  Other       |       |       | [ ]  Attend school regularly[ ]  Educational Assessment[ ]  Needs IEP Reassessment[ ]  Tutoring for grades[ ]  Other       |       |       |       |
| Prepare for independentliving. |       |       | [ ]  Employment Training[ ]  Life Skills Class[ ]  Other       |       |       |       |
| Substance Abuse[ ]  Alcohol[ ]  Marijuana[ ]  Meth.[ ]  Other       |       |       | [ ]  Substance Abuse Counseling[ ]  Regular testing[ ]  Other       |       |       |       |
| Violence/Anger |       |       | [ ]  Anger Management classes[ ]  Other       |       |       |       |
| Gang/Peer relationships |       |       | [ ]  Mentoring[ ]  Tattoo removal[ ]  Other       |       |       |       |
| Delinquent activity |       |       |       |       |       |       |
| Inadequate parenting |       |       | [ ]  Parenting class[ ]  Other       |       |       |       |
| Minor's ability to parent |       |       | [ ]  Parenting class[ ]  Referral for child care/ social services assistance[ ]  Other       |       |       |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Trauma:[ ]  Physical Abuse[ ]  Sexual Abuse[ ]  Emotional Abuse[ ]  Neglect[ ]  Other:       |       |       | [ ]  Counseling[ ]  Victim/Witness Assistance  referral [ ]  Other:       |       |       |       |
| Sexual Offender |       |       | [ ]  Counseling[ ]  Sex Offender Treatment  Program[ ]  Other:       |       |       |       |
| Family Conflict |       |       | [ ]  Counseling[ ]  Other:       |       |       |       |
| Lack of Social Skills/Inappropriate Behavior |       |       | [ ]  Counseling[ ]  Mentor program[ ]  Other:       |       |       |       |
| Other:       |       |       |       |       |       |       |

The projected date for the completion of all case plan objectives is       (exact date).

**PROBATION OFFICER WILL**:

1. Meet with minor at minimum monthly

2. Meet with parent(s)/guardian(s) at minimum monthly

3. Monitor compliance with case plan objectives and services

4. Other:

5. Other:

### Signatures

I have reviewed this case plan with the Probation Officer and understand what it says. I also understand that the services are being offered by the Probation Department to assist me.

##

##

## Minor Date

##

##

## Parent/Guardian Date

##

##

## Parent/Guardian Date

## Probation Officer's Notes:

##

##

##

## Probation Officer Date

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##

## Probation Supervisor Date

**Case plan shall be reviewed and revised on or before** **[insert exact date]**

**Pre-determination Time**: (For internal use only)

(hours within the same month determination has been made are claimable to Title IV-E if the child is determined a reasonable candidate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Hours** | **Date** | **Hours** | **Date** | **Hours** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |