**Title IV-E Pre-Placement CASE PLAN**

|  |  |  |
| --- | --- | --- |
| Minor’s Name: | | DOB: |
| 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 Medical  coverage | |  |  |  |
|  |  | [ ] 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 independent  living. |  |  | [ ] Employment Training  [ ] Life Skills Class  [ ] Other | |  |  |  |
| Substance Abuse |  |  | [ ] Substance Abuse | |  |  |  |
| [ ] Alcohol |  |  | Counseling | |
| [ ] Marijuana |  |  | [ ] Regular testing | |
| [ ] Meth. |  |  | [ ] Other | |
| [ ] Other |  |  |  | |
|  |  |  | |
|  |  |  | |
| Violence/Anger |  |  | [ ] Anger Management classes  [ ] Other | |  |  |  |
| Gang/Peer relationships |  |  | [ ] Tutoring  [ ] Other  [ ] Tattoo removal | |  |  |  |
| 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 Notes:**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Probation Officer Date

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |