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

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| --- | --- | --- |
| 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 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  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:

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## 

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