

Agency Name: CWS Office notebook, Address page

Social Worker Name and Caseload: Staff
Person notebook, ID page and Assignment
Unit notebook, Caseload page

Agency Street Address: CWS Office notebook, Address page

Agency City, State and ZIP: CWS Office
notebook, Address page

County: CWS Office notebook, ID page

CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]

Shaded text notes the origin of data that populates into the document. Remember: Information entered into the Case Plan Notebook can easily be copied over into a case plan update.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
(Client NB, ID page and entered in Case Plan NB, CP Participants page)	(Client NB, ID page)	(Client NB, Related Clients page)	(Client NB, Related Clients page)

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
(Case Plan NB, CP Participants page as a focus child)	(Client NB, ID page + age/sex)	(Client NB, ID page)	(Client NB, ID page)	(Client NB, Juv. Ct.# page)
(Case ID number: Case Info NB, ID page, Case ID number. This populates only for the case in which the case plan was originally created)				

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
(CP Participants page)	(Case Plan NB, CP Participants page)	(Case Plan NB, CP Participants page)	(Case Info NB, ID page, Projected End Date field)

NONMINOR DEPENDENTS – PARTICIPATION CRITERIA

The information below will populate from the Service Component page of the Case Info notebook. In order for it to appear here, you must have a Case Service Component row and active Participation Criteria entered on the Service Component page.

(CP Participants page)

PARTICIPATION CRITERIA

<u>Start Date</u>	<u>Criteria</u>	<u>Subcategory</u>
(Case Info NB, Service Component page)	(Case Info NB, Service Component page)	(Case Info NB, Service Component page)

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

(Service Objectives page, Participants grid)

SERVICE OBJECTIVES

All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. (From the Type selected in the Planned Client Services Participants NPDD)

(CP Planned Client Services page)

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Planned Client Services page of the Case Plan notebook. Times and Frequency need to be filled out for each row in the Planned Client Services grid and then will populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
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Service Category (From the Select Planned Client Services Participants NPDD)

- | | | | | | |
|--|--------------|------------------------------------|------------|--|---|
| <ol style="list-style-type: none"> 1. (From the Type selected in the Planned Client Services Participants NPDD) | (Occurrence) | (From value selected in Frequency) | (End Date) | (If Staff Person: Staff Person notebook ID page, If Service Provider: Service Provider notebook, ID page, If Collateral: Collateral notebook, ID page, If Substitute Care Provider: Substitute Care Provider notebook ID page) | (If the Service Type is wraparound then 'Yes'.) |
|--|--------------|------------------------------------|------------|--|---|

Description

This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.

VISITATION SCHEDULE

The information below will populate from the Case Mgmt Services page. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and Contact/Visits information entered to include 'Child/Parent'. The Child/Sibling and Child/Grandparent visits below do not appear because they were not

entered on the Case Mgmt Svcs page. Highlight and delete sections and headings within the case plan document that do not apply to the circumstances of your case.

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

<u>Method</u> (Contact Method)	<u>Times</u> (Occurrence)	<u>Frequency</u> (From value selected in Frequency)	<u>Beginning Date</u> (Start Date)	<u>Provider</u> (If Staff Person: Staff Person notebook ID page, If Service Provider: Service Provider notebook, ID page, If Collateral: Collateral notebook, ID page), If Substitute Care Provider: Substitute Care Provider Notebook ID page)
<p><u>Description</u> This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.</p>				

CHILD(REN) – SIBLING(S) VISITATION

This information will populate from the Case Mgmt Services page and appear similar to the section above. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and contact/visits information entered to include 'Child/Sibling'.

CHILD(REN) – GRANDPARENT(S) VISITATION

This information will populate from the Case Mgmt Services page. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and contact/visits information entered to include 'Child/Grandparent'.

CHILD(REN) – OTHER VISITATION

This information will populate from the Case Mgmt Services page. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and contact/visits information entered to include 'Child/Other Contact'.

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notebook, Address page

County: CWS Office notebook, ID page

AGENCY RESPONSIBILITIES

The information in the following sections populates from the Case Mgmt Svcs page of the case plan notebook. Times and Frequency only appear if it is entered in the Schedule for Service section of the Case Mgmt Svcs page in accordance with each service row highlighted.

CASE MANAGEMENT SERVICES

In order for Case Management Services to appear here, it is necessary to select Case Management Services as a category and service on the Case Mgmt Svcs page of the Case Plan NB.

1. Service Type (From the Type selected in the Select Case Management Services NPDD)

For Whom

(Select Case Management
Participants NPDD)

Beginning

Date

(Start Date)

Provider

(If Staff Person: Staff
Person notebook ID
page, If Service
Provider: Service
Provider notebook, ID
page, If Collateral:
Collateral notebook, ID
page, If Substitute Care
Provider: Substitute
Care Provider
Notebook ID page)

Wrap

(If the
Service Type
is
wraparound
then 'Yes'.)

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

PLACEMENT SERVICES

In order for Case Management Services to appear here, it is necessary to select Placement Services as a category and service on the Case Mgmt Svcs page of the Case Plan NB.

1. Service Type (From the Type selected in the Select Case Management Services NPDD)

For Whom

(Select Case Management
Participants NPDD)

Beginning

Date

(Start Date)

Provider

(If Staff Person: Staff
Person notebook ID
page, If Service
Provider: Service
Provider notebook, ID
page, If Collateral:
Collateral notebook, ID
page, If Substitute Care
Provider: Substitute
Care Provider
Notebook ID page)

Wrap

(If the
Service Type
is
wraparound
then 'Yes'.)

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

Agency Name: CWS Office notebook, Address page

Social Worker Name and Caseload: Staff Person notebook, ID page and Assignment Unit notebook, Caseload page

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County: CWS Office notebook, ID page

CONCURRENT SERVICES PLANNING

In order for Concurrent Services Planning section to appear here, it is necessary to have a Service Component of Family Reunification (saved to database), and an Alternative/Concurrent Planning Goal listed on the CP Participants page of the Case Plan NB for at least one focus child.

Permanency Alternative / Concurrent Planning Goal

For Whom

(Select Case Management Participants NPDD)

Concurrent Planning Goal

(Case Plan notebook, CP Participants page, Alternative goal field)

1. Service Type (Select Case Management Services NPDD 'Type')

Provider

(If Staff Person: Staff Person notebook ID page, If Service Provider: Service Provider notebook, ID page, If Collateral: Collateral notebook, ID page, If Substitute Care Provider: Substitute Care Provider Notebook ID page)

Wrap

(If the Service Type is wraparound then 'Yes'.)

For Whom

(Select Case Management Participants NPDD)

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

CONTACT SCHEDULE

All contacts that populate here come from the Case Plan notebook, Case Mgmt Svcs page, Category: Case Management Services, Service: Planned SW Contact. The type of contact you choose in the mandatory yellow fields in the bottom left corner of the Case Mgmt Svcs page will determine where they populate below. Times and frequencies are entered in the Schedule for Service section of the Case Mgmt Svcs page.

SOCIAL WORKER – CHILD CONTACTS

(Select Case Management Participants NPDD)

Method

(Contact Method)

Times

(Occurrence)

Frequency

(From value selected in Frequency)

Beginning Date

(Start Date)

Provider

(If Staff Person: Staff Person notebook ID page, If Service Provider: Service Provider notebook, ID page, If Collateral: Collateral notebook, ID page, If Substitute Care Provider: Substitute Care Provider Notebook ID page)

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

Contact/Visitation Waivers Approved By Supervisor

Case Mgmt Svcs page

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

(Must select Case Mgmt Svcs, Service Type 'Plan Contact' and Contact Party Type 'Staff Person/Parent-Guardian')

SOCIAL WORKER – CARE PROVIDER CONTACTS

(Must select Case Mgmt Svcs, Service Type 'Plan Contact' and Contact Party Type 'Staff Person/Sub Care Provider').

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

(The following 2 bullets will populate into the Case Plan document only when a Concurrent Planning Service (e.g. Assess child for adoptions) has been selected on the Case Mgmt Svcs page of the Case Plan NB)

- Understand that while I am receiving services to reunify with my child(ren), efforts will also be made to locate an alternate permanent home through Adoption, Guardianship or Long Term Foster Care for my child(ren) should reunification services fail.
- Understand that my failure to cooperate or to take advantage of the services provided in this case plan may result in termination of efforts to reunify with my children.

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE

SIGNATURE OF OTHER

DATE

SIGNATURE OF OTHER

DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)

DATE

SIGNATURE OF INTERPRETER (2)

DATE

Social Worker and Supervisor Name and
Caseload: Staff Person notebook, ID page and
Assignment Unit notebook, Caseload page

Staff Person
notebook

SOCIAL WORKER

Caseload

Phone Number

DATE

SUPERVISOR

Phone Number

DATE