

## TITLE IV-E PRE-PLACEMENT CASE PLAN

Minor's Name:	DOB:
Date Case Plan Completed:	<input type="checkbox"/> Initial Case Plan <input type="checkbox"/> Six Month Review <input type="checkbox"/> 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Proactive Family         | <input type="checkbox"/> Pro-Social Activities | <input type="checkbox"/> Pro-Social Attitude  |
| <input type="checkbox"/> Positive Extended Family | <input type="checkbox"/> Positive Peer Group   | <input type="checkbox"/> Healthy Family Bonds |
| <input type="checkbox"/> Resilient                | <input type="checkbox"/> Other                 | <input type="checkbox"/> 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:			<input type="checkbox"/> Obtain Medical coverage <input type="checkbox"/> Refer to physician for:			
			<input type="checkbox"/> Refer to dentist for: <input type="checkbox"/> Other			
Mental Health			<input type="checkbox"/> Refer for assessment <input type="checkbox"/> Counseling <input type="checkbox"/> Other			
Education <input type="checkbox"/> Truant <input type="checkbox"/> Poor grades <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion <input type="checkbox"/> Disruptive <input type="checkbox"/> Active IEP <input type="checkbox"/> Other			<input type="checkbox"/> Attend school regularly <input type="checkbox"/> Educational Assessment <input type="checkbox"/> Needs IEP Reassessment <input type="checkbox"/> Tutoring for grades <input type="checkbox"/> Other			
Prepare for independent living.			<input type="checkbox"/> Employment Training <input type="checkbox"/> Life Skills Class <input type="checkbox"/> Other			
Substance Abuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Meth. <input type="checkbox"/> Other			<input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Regular testing <input type="checkbox"/> Other			
Violence/Anger			<input type="checkbox"/> Anger Management classes <input type="checkbox"/> Other			
Gang/Peer relationships			<input type="checkbox"/> Tutoring <input type="checkbox"/> Other <input type="checkbox"/> Tattoo removal			
Delinquent activity						
Inadequate parenting			<input type="checkbox"/> Parenting class <input type="checkbox"/> Other			
Minor's ability to parent			<input type="checkbox"/> Parenting Class <input type="checkbox"/> Referral for child care/social services assistance <input type="checkbox"/> Other			
Trauma: <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Other:			<input type="checkbox"/> Counseling <input type="checkbox"/> Victim/Witness Assistance referral <input type="checkbox"/> Other			

Sexual offender			<input type="checkbox"/> Counseling <input type="checkbox"/> Sex Offender Treatment Program <input type="checkbox"/> Other			
Family Conflict			<input type="checkbox"/> Counseling <input type="checkbox"/> Other:			
Lack of Social Skills/Inappropriate Behavior			<input type="checkbox"/> Counseling <input type="checkbox"/> Mentor program <input type="checkbox"/> 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