

MINOR AND FAMILY ASSESSMENT

Name: (31-205.1(a)(1))		DOB: (31-205.1(a)(1))	Sex: (31-205.1(a)(1))	Ethnicity: (31-205.1(a)(1))
PO:	Date:	Place of Birth: (31-205.1(a)(1))		
In Custody: <input type="checkbox"/> No <input type="checkbox"/> Yes, date removed: (31-101.5)		Social Security #: (31-205.1(a)(1))		
Legal Custody: (31-205.1(a)(1))		With whom has minor been living: (31-205.1(a)(1))		
Mother Name: (31-205.1(a)(2))		DOB: (31-205.1(a)(2))	SS# (31-205.1(a)(2))	
Address: (31-205.1(a)(2))		City: (31-205.1(a)(2))	Zip: (31-205.1(a)(2))	
Home Phone: (31-205.1(a)(2))	Work Phone: (31-205.1(a)(2) & 45-202.1.11)	Employer/Source of Income: (31-205.1(a)(2) & 45-202.1.11)		
Father Name: (31-205.1(a)(2))		DOB: (31-205.1(a)(2))	SS#: (31-205.1(a)(2))	
Address: (31-205.1(a)(2))		City: (31-205.1(a)(2))	Zip: (31-205.1(a)(2))	
Home Phone: (31-205.1(a)(2))	Work Phone: (31-205.1(a)(2) & 45-202.1.11)	Employer/Source of Income: (31-205.1(a)(2) & 45-202.1.11)		
Other Adults in home: (Name/Relationship) (31-205.1(a)(3))				
Relative not living in home: (Name/Address/Phone/Relationship) (31-205.1(g))				
Step-Mother Name: (31-205.1(a)(2))		DOB: (31-205.1(a)(2))	SS#: (31-205.1(a)(2))	
Address: (31-205.1(a)(2))		City: (31-205.1(a)(2))	Zip: (31-205.1(a)(2))	
Home Phone: (31-205.1(a)(2))	Work Phone: (31-205.1(a)(2) & 45-202.1.11)	Employer/Source of Income: (31-205.1(a)(2) & 45-202.1.11)		
Step-Mother Name: (31-205.1(a)(2))		DOB: (31-205.1(a)(2))	SS#: (31-205.1(a)(2))	
Address: (31-205.1(a)(2))		City: (31-205.1(a)(2))	Zip: (31-205.1(a)(2))	
Home Phone: (31-205.1(a)(2))	Work Phone: (31-205.1(a)(2) & 45-202.1.11)	Employer/Source of Income (31-205.1(a)(2) & 45-202.1.11)		

SIBLINGS AND/OR OTHER CHILDREN IN THE HOME (31-205.1(a)(3))

Name	Relationship	DOB	Living with:

HEALTH (31-205.1(h) AND EDUCATION (Also see 31-201.1.11.111))

Information is not available – Date requested: (31-206.4.42)		By: (31-206.4.42)	From: (31-206.4.42)
Physician Name & Address: (31-206.3.35.351(a))		Phone: (31-206.3.35.351(a))	Date of last visit:
Dentist Name & Address: (31-206.3.35.351(a))		Phone: (31-206.3.35.351(a))	Date of last visit:
Medical Issues: (31-205.1(h))			
Current medications: (31-206.3.35.351(g))		Immunizations current: <input type="checkbox"/> Yes <input type="checkbox"/> No (31-206.3.35.351(e)) <input type="checkbox"/> Record attached <input type="checkbox"/> Record requested ____ (date) by letter (31-206.4.42) from	
Information is not available - Date requested: (31-206.4.42)		By: (31-206.4.42)	From: (31-206.4.42)
School Name & Address: (31-206.3.35.351(a))		Grade: (31-206.3.35.351(b))	Grades (31-206.3.35.351(c))
IEP/Special Education. (31-206.3.35.351(c))		Credits Earned (31-206.3.35.351(c))	Child is performing at grade level ? (31-206.3.35.351(b))

ASSESSMENT OF MINOR (31-205.1(b))

	Category	Comment
	Minor has a history of prior criminal/delinquent behavior	
	Parent or other significant adult has or is currently involved in the criminal justice system.	
	Minor has been <input type="checkbox"/> physically <input type="checkbox"/> sexually <input type="checkbox"/> emotionally Abused. <input type="checkbox"/> documented <input type="checkbox"/> suspected.	
	Minor has school problems <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Behavior	
	Minor associates with other known criminals/delinquent.	
	Minor uses drugs/alcohol <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Drugs	
	Family has/is in Conflict, has significant issues.	
	Minor has been witness to or involved in Family Violence	
	Parental Supervision/Abilities to control minor are inadequate.	
	Other:	
	Other:	

FAMILY ASSESSMENT (31-205.1(b))

	Other Risks/Issues (Check all that apply)		Family Strengths (check all that apply)
	Family Members - Substance Abuse Issues		Family Intact/stable
	Parenting Skills		Family/adult caregiver available and willing to work with program
	Parent Education		TANF/Cal Works involvement
	Adult Employment/Income/Budgeting		Has extended Family
	Transportation		Faith based affiliation
	Family Members - Physical Health/Mental Health issues/Access to care		Receiving Mental health services
	Parent/Sibling Criminal Involvement		Financially stable/employed/reliable income
	No positive family involvement/social/recreation		Adequate living necessities (food, shelter, etc.)
	Other:		Family has positive involvement/social/recreation
	Other:		Other:
	Other:		Other:

Relatives who might be able to provide a home for the minor if necessary: (31-205.1(g))

<i>Name:</i>	<i>Relationship:</i>	<i>Phone:</i>
<i>Address:</i>	<i>City:</i>	<i>Zip:</i>
<i>Name:</i>	<i>Relationship:</i>	<i>Phone:</i>
<i>Address:</i>	<i>City:</i>	<i>Zip:</i>

OTHER INFORMATION

Is Restitution an Issue in this case?	Amount	<input type="checkbox"/> Referred to Victim Awareness: (date) <input type="checkbox"/> Other
<input type="checkbox"/> Child Protective Services Check <input type="checkbox"/> Other Services Received	(31.205.1(f) & 635 WIC)	
Is child a parent/in need of assistance with parenting	(31.205.1(d))	
Juvenile Justice Accountability Issues		

[illegible]

CASE PLAN

Minor's Name: (31-205.1(a)(1))		DOB: (31-205.1(a)(1))
Date Removed: (31-101.5)	Date of Disposition: (31-101.5)	Case Plan Date: (31-101.5)

Based on the Assessment done 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 is (31-201.12)

- ☐ Minor to remain in home/family maintenance. Absent these services or should preventative services fail, the minor will be removed from the home and placed in a suitable foster/group home.
- ☐ Minor to be placed in foster/group home. Plan is reunification with family.
- ☐ Permanency should reunification efforts fail.

(For the following table see 31-201.1.13 and 31.206.2)

Issue	Service Objective	For Who	Service or Referral	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:					
Mental Health	<input type="checkbox"/> Refer for assessment					
	<input type="checkbox"/> Counseling					
	<input type="checkbox"/>					
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"/> 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"/>					
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"/> PO monitor refrain from use <input type="checkbox"/> <input type="checkbox"/>					
Violence/Anger	<input type="checkbox"/> Attend Anger Management classes					
Gang/Peer relationships	<input type="checkbox"/> Tutoring <input type="checkbox"/> _____ <input type="checkbox"/> Other activity <input type="checkbox"/> Tattoo removal					
Delinquent activity	<input type="checkbox"/> Obey all laws-conditions of probation					
Inadequate parenting	<input type="checkbox"/> Parenting class					
Minor's ability to parent	<input type="checkbox"/> Parenting Class <input type="checkbox"/> Referral for child care/social services assist.					

Sexual Abuse Victim	<input type="checkbox"/> Counseling_____ <input type="checkbox"/> Victim/Witness Assistance referral <input type="checkbox"/> CPS referral					
Physical Abuse Victim	<input type="checkbox"/> Counseling_____ <input type="checkbox"/> Victim/Witness Assistance referral <input type="checkbox"/> CPS referral					
Sexual offender	<input type="checkbox"/> Counseling <input type="checkbox"/> Sex Offender Treatment Program					
Family Conflict	<input type="checkbox"/> Counseling <input type="checkbox"/> _____					
Lack of Social Skills/Inappropriate Behavior	<input type="checkbox"/> Life skills class <input type="checkbox"/> Counseling <input type="checkbox"/> Mentor program					

Parent advised of adoption counseling services available on (31-201.1.133 & 31-206.2.212) (exact date)
The projected date for the completion of all case plan objectives is (31-206.23) (exact date)
Probation services will be terminated on or before (31-206.23) (exact date)

Case Plan Responsibilities:

Parent will: (31-206.2.21.211)	Minor will: (31-206.2)	Probation Officer will: 31.206.2.24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Meet with minor _____ <input type="checkbox"/> Meet with parent _____ <input type="checkbox"/> Monitor compliance <input type="checkbox"/> _____ <input type="checkbox"/> _____

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: _____

_____(31-210.1.13 & 31-230.1.15)_____
Parent Date: (31-210.1.12)_____

☐ No parent available. Reason (31-210.13.131)_____ Date: _____

☐ Parent reviewed/declined to sign. Reason (31-210.13.131)_____ Date: _____

☐ Parent refused to participate in case plan/declined to sign. Reason (31-210.13.131) Date: _____

_____(31-210.1.11)_____
Probation Officer Date: (31-210.1)_____

_____(31.210.1.15 & 31-225.2)_____
Probation Supervisor Date: (31.210.1.15 & 31-225.2)_____

CASE PLANN REVIEWS (31-220 & 31-225)

Date of Review	Reason P = Placement S = Six mo. C = Case plan change	Reason/Results of Review Note: mandatory review must be done every six months. If case plan goal is changing from Family Maintenance to Reunification due to placement PO <u>MUST</u> update case plan. If Family Maintenance remains goal, document why continued prevention services are necessary and, if so, why child is still a reasonable candidate for foster care.	Probation Officer	Supervisor
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		