

Juvenile Probation Case Plan

SECTION 1: Juvenile Probation Case Plan

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SECTION 1: Juvenile Probation Case Plan

Date: 1/21/2009

DPO (Intake) Date:
DPO (Field) Date:
DPO (Placement) Date:

Initial Assessment Periodic Review Reassessment Termination Informal Probation Wardship

Date of Removal or Disposition:

Minor's Name: john doe DOB: 4/1/1984

Address: , AB CRT#:

Indian Child Welfare Act (ICWA) Eligible

Comments:

Previous Sustained Charges:

Current Sustained Charges:

Parent/Guardian's Name: DOB:

Relationship: Tel. #:

Address:

Language/Ethnicity: White

Parent/Guardian's Name: DOB:

Relationship: Tel. #:

Address:

Language/Ethnicity: White

Stepparent Name: DOB:

Address: Tel. #:

Language/Ethnicity: White

Sibling's Name: DOB:

Relationship:

Resides with:

Sibling's Name: DOB:

Relationship:

Resides with:

Sibling's Name: DOB:

Relationship:

Resides with:

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Juvenile Probation Case Plan

SECTION 2: Assessment

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SECTION 2: Assessment

Strengths of minor and family:

- | | |
|---|--|
| <input type="checkbox"/> Appropriate housing | <input type="checkbox"/> Cal Works/TANF involvement |
| <input type="checkbox"/> Available family to work with probation | <input type="checkbox"/> Parent acknowledges/understands problems/issues |
| <input type="checkbox"/> Commitment to making positive changes | <input type="checkbox"/> Parental supervision/support |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Strong emotional bonds |
| <input type="checkbox"/> Employment/financial stability | <input type="checkbox"/> Supportive relatives or friends |
| <input type="checkbox"/> Faith based affiliation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Extended family available | <input type="checkbox"/> Willingness to participate in counseling and programs |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Minor acknowledges/understands problems/issues | <input type="text"/> |

Supporting Information:

Needs of minor and family:

- | | |
|--|---|
| <input type="checkbox"/> Address victimization issues | <input type="checkbox"/> Improved community behavior |
| <input type="checkbox"/> Alcohol/substance abuse counseling | <input type="checkbox"/> Independent living skills |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Mental health involvement |
| <input type="checkbox"/> Appropriate parenting | <input type="checkbox"/> Pregnancy prevention services |
| <input type="checkbox"/> Assistance with physical/developmental disability | <input type="checkbox"/> Pre-natal care |
| <input type="checkbox"/> Child development classes | <input type="checkbox"/> Psychological evaluation |
| <input type="checkbox"/> Develop appropriate peer relationships | <input type="checkbox"/> Reduction of domestic violence/family violence |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Stable residence |
| <input type="checkbox"/> Gang awareness/disassociation | <input type="checkbox"/> Tutoring/assistance with school |
| <input type="checkbox"/> Improved behavior at home | <input type="checkbox"/> Other: |
| | <input type="text"/> |

Supporting Information:

If the minor is a parent, list any special needs:

- | | |
|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Pre-natal care |
| <input type="checkbox"/> Child development education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Parenting classes with family | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Pregnancy prevention/planned parenthood education | <input type="checkbox"/> Other: |
| | <input type="text"/> |

Supporting Information:

Preplacement services that will reduce or eliminate the need for placement and/or return the minor safely home:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol/drug counseling | <input type="checkbox"/> Informal probation |
| <input type="checkbox"/> Anger management counseling | <input type="checkbox"/> Intake Diversion |
| <input type="checkbox"/> Community service work | <input type="checkbox"/> Mental health counseling |

- | | |
|--|---|
| <input type="checkbox"/> Contact appropriate school to ensure educational program/IEP, special ed. | <input type="checkbox"/> Parenting education/program |
| <input type="checkbox"/> Counseling for physical/sexual abuse | <input type="checkbox"/> Psychological evaluation |
| <input type="checkbox"/> Drug court referral | <input type="checkbox"/> Refer to employment resources |
| <input type="checkbox"/> Education assessment | <input type="checkbox"/> Restorative justice referral |
| <input type="checkbox"/> Family conferencing /regular visitation | <input type="checkbox"/> Supportive Therapeutic Options Program (STOP) Referral |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Substance awareness classes/counseling |
| <input type="checkbox"/> Formal Probation | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Public service work | <input type="checkbox"/> School Attendance Review Board (SARB) Hearings |
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Independent living skills | <input type="text"/> |

Supporting Information:

Assessment of minor's placement needs:

- | | |
|---|---|
| <input type="checkbox"/> 24 hour supervision | <input type="checkbox"/> Non-public school |
| <input type="checkbox"/> Address gang associations and behavior | <input type="checkbox"/> On-going doctor/dentist appointments |
| <input type="checkbox"/> Address victimization issues | <input type="checkbox"/> Parenting classes/education |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Pregnancy counseling/birth control education |
| <input type="checkbox"/> Completion of court ordered programs | <input type="checkbox"/> Pre-natal care |
| <input type="checkbox"/> Develop appropriate decision making skills | <input type="checkbox"/> Prepare for independent living |
| <input type="checkbox"/> Develop independent living skills | <input type="checkbox"/> Psychological evaluation |
| <input type="checkbox"/> Educational screening | <input type="checkbox"/> Public school, alternative program |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public school, regular classes |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Regular physical activities |
| <input type="checkbox"/> Financial planning | <input type="checkbox"/> Sex offender counseling |
| <input type="checkbox"/> Health screening | <input type="checkbox"/> Specialized care |
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Substance abuse counseling |
| <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> Transportation/visitation needs |
| <input type="checkbox"/> Maintain close proximity to family | <input type="checkbox"/> Updated IEP |
| <input type="checkbox"/> Medication assessment/adjustment | <input type="checkbox"/> Victim awareness/restitution |
| <input type="checkbox"/> Mental health referral | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Other: | <input type="text"/> |

Supporting Information:

Special needs

- Regional center client
- Require regional center assessment

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SECTION 3: Case Plan Goal/Updated Case Plan Goal

- Home on Probation Family Reunification (Return home) Permanent Plan Independent Living

If efforts to reunify fail, concurrent alternatives:

- | | |
|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Long term planned permanent living |
| <input type="checkbox"/> California Conservation Corps | <input type="checkbox"/> Military |
| <input type="checkbox"/> Refer for 241.1 Evaluation | <input type="checkbox"/> Relative placement |
| <input type="checkbox"/> independent living | <input type="checkbox"/> Transitional living arrangement/foster care |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Placement with a fit and willing relative |
| <input type="checkbox"/> Independent living program | <input type="checkbox"/> Another planned permanent living arrangement |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Other: <input type="text"/> |

Circumstances surrounding removal and the need for placement:

Describe any known services previously offered and/or delivered to the minor or family:

- | | |
|--|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Informal probation |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Intensive supervision |
| <input type="checkbox"/> Community service work | <input type="checkbox"/> Periodic home visits/follow-up |
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Placement intervention program |
| <input type="checkbox"/> Drug court | <input type="checkbox"/> SARB hearings |
| <input type="checkbox"/> Drug/alcohol counseling | <input type="checkbox"/> Truancy prevention |
| <input type="checkbox"/> Families in control | <input type="checkbox"/> Vocational training referral |
| <input type="checkbox"/> Formal probation | <input type="checkbox"/> Youth center |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Youth complex |
| <input type="checkbox"/> Gang awareness | <input type="checkbox"/> Other: <input type="text"/> |

These services proved effective/non-effective due to:

SECTION 4: Health Information / Medical / Dental Plan

Health care provider:

Address:

Medical problems:

Medications:

Mental health involvement:

Health insurance:

Policy #:

Dentist:

Address:

Optometrist:

Immunizations:

Medi-cal #:

Minor's CHDP medical exam

Doctor/Clinic and address:

Initial CHDP exam date:

Last exam:

Next appointment:

Medications:

Minor's CHDP dental exam

Dentist/Clinic and Address:

Initial Exam Date:

Last exam:

Next appointment:

Medications:

Health information not available:

Explain efforts to obtain information and identify date information will be obtained:

The minor will have a medical and dental exam 30 days within placement.

SECTION 5: School Information / Educational Needs

School of attendance:

Address:

School district:

Foster Youth Services Provider:

Grade:

Special education:

ED:

Active IEP:

Date of last IEP:

- School records are attached
- School records have been requested
- Educational Assessment/IEP needed.
- Court orders that the right of the parent to make educational decisions be limited.

Note: If the required health and education information is not in the caseplan it can be located in the placement folder.

Supporting Information:

SECTION 6: Independent Living Program / Placement

Is the minor 16 years or older: Yes No

If yes, is a copy of the transitional independent living plan attached: Yes No

If no, explain:

Placement

Describe the most appropriate placement for the minor:

The type of placement will be selected for the minor based on the following:

Consideration of the minor's need for the least restrictive, most family like environment; the minor's actions to be taken by the parent/guardian/minor which will facilitate reunification; the appropriateness education, and the capability of the care provider to meet the needs of the minor. The placement selected needs and best interests.

An appropriate placement would include:

- | | |
|---|---|
| <input type="checkbox"/> Ability to dispense psychotropic drugs | <input type="checkbox"/> Nurturing environment |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> On-grounds school |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Structured setting |
| <input type="checkbox"/> Group/individual therapy | <input type="checkbox"/> Therapy for molest victims/perpetrator |
| <input type="checkbox"/> Isolation from community | <input type="checkbox"/> Independent living skills |
| <input type="checkbox"/> Other: <input type="text"/> | |

The type of home/placement that will meet the minor's needs is:

- | | |
|---|--|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Foster Family |
| <input type="checkbox"/> FFA | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> CTF | |
| <input type="checkbox"/> Other <input type="text"/> | |

Supporting Information:

The proximity to the child's school at the time of the placement was taken into account.

Child is placed with: Relative Foster Family FFA Group Home CTF

Other

If an out of county placement, a placement of substantial distance from the parent(s), or an out of state placement is being considered state the reasons why the placement is the most appropriate and why the placement is in the best interest of the minor:

Out-of-County Placement / Placement a substantial distance from the parent(s)

Local placement not available.

Meets the needs of minor/special program needs because:

Program provides counseling.

Other:

Out-of-State Placement

100A from receiving state approved.

Local program not available.

MDT Report attached.

List In-State Facilities considered and reason why not recommended.

Meets the needs of minor/special program needs.

Program provides counseling.

Other:

Responsibilities of sending and receiving counties (if applicable)

Community Treatment Facility Placement

Explanation as to why a CTF placement is appropriate:

- MDT Report attached.
- List other Facilities considered and reason why not recommended.

- Meets the needs of minor/special programs needs.
- Program provides counseling.
- Other:

Explanation as to how continuing stay criteria will be met, as specified in CA Code of Regulations (see DIV 31 206.317):

Relatives to be assessed for possible placement:

Name:

Relationship:

Address:

Telephone:

Name:

Relationship:

Address:

Telephone:

Comments:

- No other sibling in out of home care.

State efforts to place siblings together or give reasons why a sibling should not be placed together:

Activities and services designed to assist in reunification, enable a safe return home, permanent placement or independent living:

Responsibilities of the Probation Officer:

- Monitor minor's behavior to assure compliance with Court Orders. Probation officer to consider sanctions for any violations of court orders.
- Monthly visits with the minor's parent(s) or caretaker(s).
- Monthly visits with minor and placement provider at placement facility.
- Monitor case plan compliance by monthly reviews of minor's progress in completing case
- Arrange transportation as needed. (Minor and Parent)

- Arrange services for minor as needed. (Minor and Parent)

- Arrange/identify services to achieve case plan goal. (Minor and Parent)

Other

Responsibilities of the Placement Provider/Caretaker:

- Provide or refer for counseling to address delinquent/dysfunctional issues.
- Provide a safe and structured living environment for treatment to take place.
- Administer medication as prescribed.
- Provide transportation for all necessary medical and dental care.
- Provide family counseling and reunification services to family.
- Other

SECTION 7: Case Plan Service Objectives and Client Responsibilities - (Minor)

(Identify no more than three problems)

Minor : john doe

Service objectives

Comply with all orders of the court

Remain law abiding

Complete education

Prepare for independent living

Resolve issues of

Gang affiliation

Substance abuse

Oppositional behavior

Sexual acting out

Anger management

Weapons

Family conflict

Mental Health issues e.g., depression, PTSD

Other:

Other:

Comments:

Minor's responsibilities

Service / Activity

Attend school regularly

Report to school on time

Participate in classroom activities

Complete all required school work

Pay restitution

Compose letter of apology to victim

Abide by all laws/curfew regulations

Refrain from the use of all controlled substances

Enroll/participate/complete substance abuse treatment program

Enroll/participate in anger management counseling

Complete Psychiatric/Psychological evaluation

Enroll/participate/complete sexual offender treatment

Other:

Other:

For Six-month reviews:

The minor has successfully completed the responsibilities listed above.

The minor has partially completed the responsibilities listed above in that s/he has;

The minor has not made a satisfactory effort toward the above listed objectives in that s/he has;

SECTION 8: Case Plan Service Objectives and Client Responsibilities - (Mother/Guardian)

(Identify no more than three problems)

Mother/Guardian:

Service objectives

- Obtain resources to meet the needs of your child and provide a safe home

- Consistently, appropriately and adequately parent your child

- Resolve issues of drug dependency

- Resolve issues of drug abuse

- Resolve issues of family conflict/instability

- Resolve issues of anger management

- Other:

- Other:

Mother/Guardian Responsibilities

Service / Activity

- Comply with child's treatment program

- Attend necessary IEPs/school conferences

- Enroll/successfully complete parenting program

- Enroll/participate in counseling/mental health treatment

- Complete Psychiatric/Psychological evaluation

- Enroll/participate/complete drug treatment program

- Enroll/participate in anger management counseling

- Assist in financial obligations

- Assist with transportation

- Other:

- Other:

SECTION 9: Case Plan Service Objectives and Client Responsibilities - (Father/Guardian)

(Identify no more than three problems)

Father/Guardian:

Service objectives

- Obtain resources to meet the needs of your child and provide a safe home

- Consistently, appropriately and adequately parent your child

- Resolve issues of drug dependency

- Resolve issues of drug abuse

- Resolve issues of family conflict /instability

- Resolve issues of anger management

- Other:

- Other:

Father/Guardian Responsibilities

Service / Activity

- Comply with child's treatment program

- Attend necessary IEPs/school conferences

Enroll/successfully complete parenting program

Enroll/participate in counseling/mental health treatment

Complete Psychiatric/Psychological evaluation

Enroll/participate/complete drug treatment program

Enroll/participate in anger management counseling

Assist in financial obligations

Assist with transportation

Other:

Other:

SECTION 10: Services and steps to implement the permanency alternative should reunification fail

Services and steps to be taken to implement the permanency alternative should reunification fail:

SECTION 11: Scheduled Visits Between the Minor, His/Her Family and the Probation Officer

The minor shall have visits with the:

<input type="checkbox"/> Mother	Frequency:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Father	Frequency:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Family	Frequency:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Grandparents	Frequency:	<input type="text"/>	Location:	<input type="text"/>
<input type="checkbox"/> Other:	Frequency:	<input type="text"/>	Location:	<input type="text"/>
<input type="text"/>				

NOTE: Group Home and community treatment facility visits must be made monthly. No exceptions apply.

The probation officer shall contact the minor: monthly other

Parent(s)/guardian: monthly other

Provider/caretaker: monthly other

Justification for exception to monthly contacts/visits

SECTION 12: Permanent Plan

PERMANENT PLAN:

- Return Home
- Adoption
- Legal Guardianship
- Placement through independent living
- Another Planned Permanent Living Arrangement
- Permanent Placement with a fit relative
- Return to dependent status
- Transitional Housing
- Petition to terminate parental rights and make active efforts to identify an approved family for adoption.

Comments:

For children who have been in Foster Care for 15 of the most recent 22 months:

Termination of parental rights is not in the best interest of the minor for the following reasons:

- The parent or legal guardian have maintained regular visits and contact with the child, and the child would benefit from the continued relationship.
- The permanent plan is for the child to return to his or her home.
- john doe is placed in residential treatment facility, adoption is unlikely or undesirable, and continuation of parental rights will not prevent finding the child a permanent family placement if the parents can not resume custody when residential care is no longer needed.
- A determination by the licensed county adoption agency that all of the following apply:
 - The child is unlikely to be adopted.
 - The child is living with a relative who is unable or unwilling to adopt because of exceptional circumstances.
 - Removal of the child from the physical custody of his or her relative or foster parent would be detrimental to the child's emotional well-being.
- Probation has not provided the family with reasonable efforts necessary to achieve reunification.

Comments:

SECTION 13: Case Plan Acknowledgement

Parents were advised that adoption counseling or services are available yes no

Parent advised of adoption counseling services available:

Projected date of completion of case plan objectives:

Projected date of completion of probation services:

Semi-Annual Review

- 1) The child's placement is necessary and appropriate;
- 2) The agency has has not complied with the case plan by making reasonable efforts to make it possible for the child to safely return home and to complete whatever steps are necessary to finalize the permanent placement of the child;
- 3) The extent of progress which has been made toward alleviating or mitigating the causes necessitating placement has been ;
- 4) The likely date by which the child may be returned to and safely maintained in the home or placed for adoption, appointed a legal guardian, placed permanently with a relative, or placed in another planned permanent living arrangement is ;
- 5) The court finds that the services set forth in the case plan included those needed to assist the child in making the transition from foster care to independent living.
- 6) A permanent planning hearing will be scheduled for .

Permanency Hearings

- 1) The child's placement is necessary and appropriate;
- 2) The agency **has** **has not** complied with the case plan by making reasonable efforts to make it possible for the child to safely return home and to complete whatever steps are necessary to finalize the permanent placement of the child;
- 3) The permanent plan of **return home** **adoption** **legal guardianship** **permanent placement with a fit and willing relative**
 planned permanent living arrangement with _____, **and a specific goal of** **return home** **adoption** **legal guardianship**
 permanent placement with a fit and willing relative **independent living is appropriate and is ordered as the permanent plan.**
- 4) The likely date by which the agency will finalize the permanent plan or achieve the planned permanent living arrangement goal is _____ format: mm/dd/yyyy.
- 5) The court finds that the services set forth in the case plan included those needed to assist the child in making the transition from foster care to independent living.
- 6) A post-permanency hearing will be scheduled for _____

Post-Permanency Case Reviews

- 1) The child's placement is necessary and appropriate;
- 2) The agency **has** **has not** complied with the case plan by making reasonable efforts to make it possible for the child to safely return home and to complete whatever steps are necessary to finalize the permanent placement of the child;
- 3) The permanent plan of **return home** **adoption** **legal guardianship** **permanent placement with a fit and willing relative**
 planned permanent living arrangement with _____, **and a specific goal of** **return home** **adoption** **legal guardianship**
 permanent placement with a fit and willing relative **independent living is appropriate and is ordered as the permanent plan.**
- 4) The likely date by which the agency will finalize the permanent plan or achieve the planned permanent living arrangement goal is _____ format: mm/dd/yyyy.
- 5) The court finds that the services set forth in the case plan included those needed to assist the child in making the transition from foster care to independent living.
- 6) A post-permanency hearing will be scheduled for _____

Minor: john doe _____ Date of Hearing: _____

CRT #: _____ DOB: 4/1/1984 _____

I have reviewed the Case Plan with the Probation Officer and I understand that services are being offered by the Probation Department to assist me.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Minor's Signature _____ Date _____

No parent available - Reason _____ Date _____

Parent reviewed/declined to sign - Reason _____ Date _____

Probation Officer _____ Date _____

Supervising Probation Officer _____ Date _____

Copy given to Parent: Yes No

THIS PLAN WILL BE REVIEWED WITHIN THE NEXT SIX MONTHS.

Planned date of Review: _____

COMPLETED BY PO NUMBER: _____

COMPLETED BY NAME: _____

Dated: _____

The foregoing report has been read and considered by the Court.

_____ Judge of the Superior Court

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