



IN THE INTEREST OF:		
(CHILD)	(DOB)	(AGE)

Comment [AMJ1]: UPDATE: The printed out document from FSN will NOT have the gridlines and will look like the mapping document.

NON-JUDICIAL IN-HOME CASE PLAN

RECOMMENDED PERMANENCY GOAL(S)

Primary Goal: Maintain and Strengthen

FAMILY GOAL

I. PARTIES TO CASE PLAN

Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Father of	
Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Phone Number	
Address	
Email Address	

II. OUTCOMES EVALUATION

Outcome applies to the following participants:
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Outcome will be achieved when:							
Est. Cost to Parent(s) (if applicable):							
Who	Actions/Tasks	Est. Cmpltn Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number	Provider Email		
Service Category		Service Type		Task Complete			

III. ATTACHMENTS TO CASE PLAN

Medical/ Mental Health

Medical records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Mental Health records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Immunization records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Dental Records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

Education

Report cards	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Other school records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Day Care Attendance Records (if applicable for Rilya Wilson Act)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

Independent Living

Pre-independent Living Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Independent Life Skills Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

Master Trust (if applicable)

Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Quarterly Accounting Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

Other

Rights and Responsibilities	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
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Optional Attachments (select and attach to Case Plan)

Safety Plan	<input type="checkbox"/> Attached
Responsibilities of the Department and Contract Providers	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached



RESPONSIBILITY OF PARENTS AND NOTICE OF CHANGE OF RESIDENCE AND CONTACT INFORMATION

- (1)** The Mother and/ or Father will provide the Department/Case Manager with her or his address and telephone contact number and will notify the Case Manager of any changes of her or his address or telephone number within 3 days of any change.
- (2)** The Mother and/ or Father will immediately notify the Department/Case Manager of any change in household composition (people who are living in or regularly found to be present) in her or his home and any change in marital status.
- (3)** The Mother and/or Father will effectively advocate for their children with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. The Department/Case Manager and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
- (4)** The Mother and/or Father will participate fully in the child(ren)'s medical, psychological, dental and other treatment care, if needed or recommended. Department/Case Manager and agency staff will support and assist with facilitating this participation. Parents, the Department/Case Manager and agency staff will share information with each other about the child's safety, health and well-being.
- (5)** The Mother and/or Father will support their child(ren)'s school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will assist with facilitating this participation and will be kept informed of the child's progress and needs.
- (6)** The Mother and/or Father will contact the Department/Case Manager concerning any plans for out-of-state travel while the case is open for non-judicial protective supervision.



Signing the case plan constitutes an acknowledgement that the case plan has been developed by the parties and that they are in agreement as to the terms and conditions contained in the case plan.

Signing the case plan does not constitute an admission to any allegation of abuse, abandonment, or neglect and does not constitute consent to a finding of dependency or termination of parental rights. The refusal to sign the case plan does not prevent the Department of Children and Families (DCF) or Community-Based Care Agency (CBC) from accepting the case plan if the case plan is otherwise acceptable to meet the agreed upon needs of the family.

IF THE PARENT(S) DO NOT ACHIEVE ADEQUATE PROGRESS WITH THE OUTCOME(S) OF THE CASE PLAN, IT MAY RESULT IN THE INCREASED INTRUSIVE INTERVENTIONS, COURT INVOLVEMENT AND POSSIBLY A TERMINATION OF YOUR PARENTAL RIGHTS. IT IS VERY IMPORTANT FOR PARENTS TO START WORKING ON THEIR OUTCOMES AS EARLY AS POSSIBLE.

VI. SIGNATURES

Mother:	Date
Father (Name) (repeat for each father)	Date
Case Manager	Date
Case Manager Supervisor	Date
Other	Date