



IN THE INTEREST OF:

(CHILD) (DOB) (AGE)

Comment [amj1]: This will pre-fill with all children included in the selected Case Planning Worksheet within the Children group box.

NON-JUDICIAL IN-HOME CASE PLAN

RECOMMENDED PERMANENCY GOAL(S)

Primary Goal: Maintain and Strengthen

Comment [amj2]: Static display of "Maintain and Strengthen" for Non-Judicial In-Home Case Plans.

Comment [amj3]: Pulls from the following field on the Case Planning Worksheet page:
Family Goal: Describes how the family will function when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

FAMILY GOAL:

Comment [amj4]: The Mother pulls based on the Relationships tab of the Maintain Case page for the Case Plan Worksheet page participants that are captured in the Parent/Legal Guardian(s)/ Other Adult Household Members in Caregiving Role.

PARTIES TO CASE PLAN

Mother	
Address	
Phone Number	
Alternate Phone Number	
Address	
Email Address	

Comment [amj5]: Pre-fills with the name of the participant and who they are the father of based on the Relationships tab of the Maintain Case page for the Case Plan Worksheet page participants that are captured in the Parent/Legal Guardian(s)/ Other Adult Household Members in Caregiving Role. Based on the relationships documented on the Relationship tab of the Maintain Case page, the system will pre-fill who the participant is the father of, separating each child with a semi-colon if he is the father of more than one child.

NOTE: the system will only look at the relationship for children included on the Case Plan Worksheet within the Children group box. The system will pre-fill each 'Father's' address and associated demographic information from their respective Person Management records.

Father	
Father of	
Address	
Phone Number	
Alternate Phone Number	
Address	
Email Address	

Comment [KLR6]: Pre-fills based on the Primary Case Manager field based on the selected Dependency Case Manager on the Case Plan Worksheet page. The related phone number and address will populate from the Maintain Unit page from the Unit associated with the selected Worker Name and will not populate from the Person Management record. Email address pre-fills from the Worker Management page.

<Dependency Case Manager>	
Phone Number	
Address	
Email Address	

Comment [amj7]: Pre-fills the Case Manager's Supervisor based on the Dependency Case Manager selected on the Case Plan Worksheet page. The related phone number and address will pre-fill from the Maintain Unit page for the Unit associated with the selected Worker Name and will not populate from their Person Management record. Email pre-fills from the Worker Management page.

Case Manager Supervisor	
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Phone Number	
Address	
Email Address	

Attorney	
Phone Number	
Address	
Email Address	

Comment [amj8]: Pre-fills from the Professional/Family Support Network Contacts tab of the Maintain Case page with a Role of Attorney and will retrieve the associated details if documented on Person Management. If there is more than one (1) Attorney documented on the Maintain Case page, it will pull in a table for each Attorney.



SUMMARY OF OUTCOMES

OUTCOME #1:

Outcome applies to the following participants:

Outcome will be achieved when:

Estimated Cost to Parent(s) (if applicable):

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	

OUTCOME #2:

Comment [amj9]: Pre-fills the Outcome selected or entered on the Case Plan Worksheet – Outcomes tab. If the Outcome is user defined, the pre-filled text will be displayed as “Additional outcome, as defined. – [displays the user entered text]. The Outcomes will pre-fill in the order they are captured on the Outcomes tab of the Case Plan Worksheet. Within the template the Outcomes will be numbered in sequential order.

Comment [amj10]: Pre-fills with the Participants inserted on the Case Plan Worksheet – Outcomes tab, each separated with a semi-colon.

Comment [amj11]: Pre-fills with the Outcome Achieved information documented on the Case Plan Worksheet – Outcomes tab.

Comment [amj12]: Pre-fills with the Est. Cost to Parent(s) (if applicable) on the Case Plan Worksheet – Outcomes tab.

Comment [amj13]: All values within this table pre-fill from the Case Plan Worksheet page – Outcomes tab for each inserted Task within an Outcome. Note that a single Outcome can have multiple associated tasks, and therefore this table will repeat for each Task inserted within an Outcome. In addition, if information is not captured in the optional fields, the field within the table will appear blank.

Comment [amj14]: The Provider is selected (if available) on the Case Plan Worksheet – Outcomes tab for each applicable Task. If the Provider is searched and selected from the FSFN Provider database table, in addition to the Provider's Name, their Address, Phone Number, and Email will pre-fill from the Provider Record. If the Provider is not available for selection and is user entered, only the Provider Name will pre-fill within the table and t...

Comment [amj15]: Displays Yes or No based on whether the check box is selected or not on the Case Plan Worksheet page for each Task.



Outcome applies to the following participants:

Outcome will be achieved when:

Estimated Cost to Parent(s) (if applicable):

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	



ATTACHMENTS TO CASE PLAN:

Comment [A16]: Attachments wouldn't be valid if we are not in court. No attachments.

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
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

Comment [amj17]: The parents responsibility of notice of change of residence and contact information and Notice to Parents will always display.

- (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.

SIGNATURES

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