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|  | **Case Plan** | **[ ]**  Initial Plan**[ ]**  Follow-up Plan |
| The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver’s protective capacities to assure the child’s safety, permanency and well-being.**[ ]**  In-Home Case Plan: This plan is designed to keep children in their home. **[ ]**  Out-of-Home Case Plan: This plan is designed to assist in the child’s timely and safe return home. |
| CAREGIVER(S) | CHILD(REN) |
| Native American Heritage? **[ ]**  Yes **[ ]**  No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan. | DATE PLAN BEGINS | DATE PLAN REVIEWED |
| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** |
| OBJECTIVE |
| **OBJECTIVE START DATE**  |  | **TARGET END DATE**  |  |
| TASKS |
| **SERVICES** |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
|  |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
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| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** |
| OBJECTIVE |
| **OBJECTIVE START DATE**  |  | **TARGET END DATE**  |  |
| TASK |
| **SERVICES** |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
|  |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** |
| OBJECTIVE |
| **OBJECTIVE START DATE**  |  | **TARGET END DATE**  |  |
| TASK |
| **SERVICES** |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
|  |
| SERVICE |
| PROVIDER |
| **START DATE** |  | **END DATE** |  |
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| SIGNATURES |
| PARENT/CAREGIVER SIGNATURE | DATE | PARENT/CAREGIVER SIGNATURE | DATE |
| CHILD (OVER 12 YEARS) SIGNATURE | DATE | OTHER SIGNATURE | DATE |
| SOCIAL WORKER SIGNATURE | DATE | SUPERVISOR SIGNATURE | DATE |