



### Case 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 and well being.

- In-Home Case Plan: This plan is designed to keep children in their home.  
*If sufficient progress is not made by the parent/caregiver, the planned arrangement for the child is placement out of the parent's home.*
  
- Out-of-Home Case Plan: This plan is designed to assist in the child's timely and safe return home.  
*If sufficient progress is not made by the parent/caregiver, the case plan is used to help achieve a permanent plan other than return home.*

CAREGIVER(S)		CHILD(REN)	
Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan.		DATE PLAN BEGINS	DATE PLAN REVIEWED
<b>FAMILY LEVEL OBJECTIVE</b>			
OBJECTIVE			
<b>OBJECTIVE START DATE</b>		<b>TARGET END DATE</b>	
TASKS			
<b>SERVICES</b>			
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	

SERVICE			
PROVIDER			
START DATE		END DATE	
<b>INDIVIDUAL LEVEL OBJECTIVE</b>			
PARENT/CAREGIVER NAME			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
<b>SERVICES</b>			
SERVICE			
PROVIDER			
START DATE		END DATE	
SERVICE			
PROVIDER			
START DATE		END DATE	
SERVICE			
PROVIDER			
START DATE		END DATE	
SERVICE			
PROVIDER			
START DATE		END DATE	

<b>CHILD ACTION PLAN</b>			
CHILD NAME			
OBJECTIVE			
<b>OBJECTIVE START DATE</b>		<b>TARGET END DATE</b>	
TASKS			
<b>SERVICES</b>			
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
<b>SIGNATURES</b>			
PARENT/CAREGIVER SIGNATURE	DATE	PARENT/CAREGIVER SIGNATURE	DATE
CHILD (OVER 12 YEARS) SIGNATURE	DATE	OTHER SIGNATURE	DATE
SOCIAL WORKER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE