FAMILY SERVICES CASE PLAN (Part A)

Family Name: _____ **Social Worker Name:** _____ **Today's Date:** _____ **Case #** _____

This is an agreement with the _____ County DSS and _____ for the following children:

Child #	Names	Permanent Plan	Relationslup	AlernativePerm. Plan*

This agreement is made for the purpose of assisting both the agency and the family to identify needs and achieve changes to assure the goal of a safe and permanent home for this child(ren). All parties will talk about this plan and the progress made towards achieving the objectives on a regular basis. Changes may be made when family circumstances change or a court order is issued. At that point, and at points where progress is assessed, the plan may be continued, rewritten, or discontinued. The goal will be achieved when the family is able to provide a safe home. This agreement will last until _____

1. On_____ **a case decision was made by DSS that the child/children is/are** _____ **The specific reason(s) for this is/are:**_____

_____

_____

_____

11. On _____ **the child/children was/were removed from the home. The specific reason(s) for this is/are:**

_____

_____

111. **If the objectives and activities have not been successfully completed, then other steps to ensure protection and permanence for the child/children will be discussed and other action will be taken. It should be understood that concurrent planning is the obligation of the agency in order to achieve permanence for the child. This alternative plan is appropriate because:** _____ **Alternative plan:**_____

_____

IV. **Family Strengths:**

_____

_____

_____

_____

Social Worker's Name: _____

Date This Page Completed: _____

FAMILY SERVICES CASE PLAN (Part A)
SERVICES TO IMPLEMENT THE PLAN OF

_____

Family Name: _____

Date Plan Developed: _____
Condition/Need Number: _____

CONDITION/NEED:

OBJECTIVE	ACTIVITIES (include services to be provided by DSS)	By Whom	Target Dates
_____ **Projected Completion Date:** _____			

OUTCOMES/CONSEQUENCES

Discuss or describe outcomes or consequences ifthe condition/need is or is not eliminated:

PROGRESS/RESULTS

Discuss or describe the elimination ofthe need, the achieving ofthe objectives and the completion ofthe activities (include barriers). Complete a new page for each continuing need or for each newly identified need.	Actual Completion Dates: _____

Social Worker Comments, including goals not addressed in the plan. If parents did not participate in preparing the plan and/or refused to sign, discuss:

Parent Comments:

Print Name of Participant:	Child #	Signature:	Date:
Parent/Guardian/Caretaker:			
Child/Youth (Age 12 and over, if appropriate):			
Social Worker:			