

Help Guide for Probation Case Plan

A copy of the Case Plan must be maintained in the child's case record. A delinquency case plan is required any time the child is placed out of the home, regardless of the number of days. The case plan is due 60 days from the date of the child's first substitute care placement. Even if the child has returned home prior to the 60 day limit a plan would still need to be completed

A. Case Identification

Name of Child

Enter the child's legal name (First Name, MI & Last Name).

DOB

Enter the child's date of birth. The child's DOB is a federal requirement for key milestones such as children are not IV-E eligible once they turn 18. Additional requirements are also keyed based on DOB (i.e. permanency planning for 16 and older).

County Name

List the county in which the child is involved with probation and a court case exists.

Cause Number

Enter the current court case number that references the child being placed on probation.

Date of Child's First Placement

Enter the first day the delinquent youth is placed in a substitute care setting upon being removed from their home. This could be a detention or foster care setting. This date is important for IV-E claiming to begin the claiming process and to identify the correct court order for documentation BI, RE and PC. Example: A child is removed and placed in detention, then placed in a DCS paid residential placement, then placed in a foster home. The DCS paid residential placement would be the first placement.

Date of Dispositional Decree (Attach)

Enter the date of the court hearing that coincides with the date the child is placed out of the home. Attach the court order to the Case Plan.

Individuals consulted to develop Case Plan

(Must include (1) foster parent or caretaker)

Name

Enter the name of the individual(s) who was consulted regarding information about the child, services provided, placements, court information, education information, etc. (This includes the probation officer.)

Role

Enter the role of the individual listed such as parent, caretaker, legal guardian, relative, foster parent, social worker, probation officer, DCS case manager, etc.

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B. Services to Prevent Removal

Describe the services that were offered/provided to prevent removal of the child from the home, i.e. prior Informal Adjustment, Home Detention, etc. – Enter the services provided to the child/family in an attempt to keep the child in the home such as Informal Adjustment, Home Detention, Home Based Counseling, Diversion from Probation Programs, etc. This information shows Reasonable Efforts were made to keep the child the child in the home.

C. Placement Information

Placement information is necessary to know where the child is at all times and needed to determine IV-E reimbursability. The placements must be licensed and IV-E eligible. Beginning January 1, 2009 the statutory provision for permission for a child to be placed outside of Indiana will be in effect. This means no child is allowed to be placed in an Out of State placement without written approval from the Director or the Director's Designee

Name of Placement

Enter the name of the placement where the child is currently residing. Currently residing at the time the case plan is completed.

Address of Placement

List the address (street number, street name, apartment or box number, city, state and zip code) of the placement where the child is currently residing.

Date of Placement

List the first day the child was put into this placement. This may be different than the day the court ordered the child into the placement due to availability at the placement.

If the placement is located outside of Indiana, complete the following:

1. **Has the written approval of the DCS Director or Director's Designee been received?**
Check Yes or No. – Check one answer. Answer “yes” if the written approval from the Director or the Director's Designee was received and “no” if the written approval has not been received.
2. If no:
 - a. **Is the facility within 50 miles of the county or residence of the child?**
Enter “yes” if the facility or placement is within 50 miles of the child's county of residence.
Enter “no” if the facility or placement is farther than 50 miles of the child's county or residence.

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- b. **Explain the reasons why a comparable placement within Indiana is not available.**

Enter the reason why the child was placed in a facility or placement farther than 50 miles of the child's county or residence such as no space available in the facility or program offering services closer to the child's home, needed services not found within 50 miles due to specific nature of services or the cost of the facility is significantly less than placements within 50 miles of the child's county or residence, etc...

Is the placement the least restrictive family like setting that is in close proximity to the parent, custodian or guardian?

Check one: Yes or No

Check "yes" if the placement is the least restrictive family like setting that is in close proximity to the parent, custodian or guardian.

Check "no" if the placement is not the least restrictive family like setting that is in close proximity to the parent, custodian or guardian. This information is to ensure that while children are in least restrictive family like placements that their family, parents, custodian or guardian can also visit and possibly be part of the services provided to the child if necessary.

If Yes: How – Describe how the placement is least restrictive family like setting that is in close proximity to the parent, custodian or guardian such as due to the child's specific treatment needs the placement is the most family like setting to treat his/her needs.

Was consideration given to suitable/willing relative caretakers?

Check one Yes or No

Check "yes" if relatives were identified and they were considered for the placement of the child.

Check "no" if relatives were not found or were not willing to be a placement for the child This information is to ensure family members or possible caretakers were also taken into consideration when placing a child in the least restrictive family like setting.

If Yes: Who, with details of the consideration: - List the name of the family member or possible caretaker who was taken into consideration as a possible choice for placement for the child and why. Such details could include they could financially support the child, sufficient space in their home, other siblings or relative children in the home, the family and child have a strong bond.

Please explain the appropriateness of the placement based on the child's special needs and best interests. Identify all of the reasons the current placement of the child will meet their needs. Such as the family has training, space or equipment, or strong bond exists.

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D. Permanency Plan

Each child will have a permanency plan and when appropriate concurrent plans may exist. A permanency plan explains the services and programs the child and/or family are involved in that help him/her their permanency goal as opposed to remaining in a substitute care setting.

Choose from

- Reunification
- Adoption
- Guardianship
- Placement with a Fit and Willing Relative
- Alternative Planned Living Arrangement.

If more than one plan is identified, list plans in order of preference. If the child is 16 years of age or older, include a written description of the programs and services which will help such child prepare for the transition from foster care to independent living; or describe why such a plan is not appropriate.

For example, an Alternative Planned Living Arrangement could be independent living. The services that could be provided toward that permanency option could be things such as a money management plan, employee apprenticeship classes or job training, etc...

Plan:

Enter one of the following: Reunification, Adoption, Guardianship, Placement with a Fit and Willing Relative, Alternative Planned Living Arrangement in this space. This describes what the intended outcome of the case plan and services is to help the child. This is what the court has ordered as the child's Permanency Plan.

Estimated Date for Permanency Plan

List the estimated date the Permanency Plan will be met and completed. This information may be obtained through information from service providers such as when services will be completed. This refers to the estimated date when you think the child will be returned home or when guardianship is achieved for example.

Date of Permanency Plan Court Hearing

List the date the court has schedule for the next review hearing in which the Permanency Plan of the child should be discussed along with other matters. The first permanency plan should be approved by the court within 12 months of the child being removed from their home and every 12 months from the last court hearing approving the child's permanency plan.

E. Rehabilitative Services Recommended

Is there a Parental Participation Order?

Check one Yes or No. If there is a Parental Participation Order in place and the judge has ordered the parent participate in services check "yes". If the judge has not ordered the parent to participate in services check "no".

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If yes, please describe services ordered

List services approved by the judge for parents to participate in such as substance use evaluation, random drug testing, supervised visitation, parenting classes, home-based counseling, etc...

For Parents/Guardians/Caretakers/Children including efforts already made to provide services:

Efforts Already Made

List efforts, programs and services provided to and for Parents/Guardians/Caretakers/Children in an attempt to keep the child placed in the home, alleviate delinquent behavior, support the family or assist family such as educational, provisions of necessary clothing and supplies, medical and dental care, counseling and remediation or other as identified in this plan, etc...

Begin Date

List the date the individual or family began involvement with the services or programs ordered.

End Date

List the date the individual or family ended involvement with the services or programs ordered.

Provider

List the name of the provider of the above described services or program. This may be an individual or agency's name such as Jane Doe, LCSW or The Champion Agency.

Outcomes

List the outcomes of the service such as parent remains drug free for 30 days, child remained in the home without conflict for 14 days, parents learned appropriate discipline methods and were able to use these without physical conflict with children, completed parenting classes, etc...

Services Recommended (educational, provisions of necessary clothing and supplies, medical and dental care, counseling and remediation or other as identified in this plan)

List the services ordered by the court for the parent/caretaker/guardian or child. Such as educational, provisions of necessary clothing and supplies, medical and dental care, counseling and remediation or other as identified in this plan.

Begin Date

List the date the individual or family began involvement with the services or programs ordered.

End Date

List the date the individual or family ended involvement with the services or programs ordered.

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Efforts to be made to provide the services ordered by the court

List actions that will be taken to assist the family in completing services ordered by the court such as Probation Officer schedules intake with home-based provider, family is to meet with school Social Worker to schedule child a time to meet with a tutor regularly or Probations Officer contacts an agency to schedule substance use evaluation.

F. Education

School Status

Check one Full-Time, Part-time or None. This should represent the average amount of time the child is attending school.

Full Time

If child is currently enrolled in traditional school setting, GED classes, alternative school, evening classes, vocational school, etc...

Part-Time

If the child attends school half-day or a few classes a day.

None

If the child is not enrolled in classes or not attending school.

Name of School

List the name of the school the child is enrolled in and attends such as Manuel High School or Concorde Center GED Classes.

Address of School

List the address (street number, name of street, apartment or box number, city, state and zip code) of the school the child is enrolled in and attends.

Current Performance Level in School Including Any Learning Needs

Examples could be Excellent, Very Good, Good, Poor, Child excels/Gifted, Learning age-appropriately, IEP – Meets or exceeds established goals or Does not meet established goals.

Special Needs Designation (if applicable)

Examples could be emotionally handicap, remedial subjects and list any learning disabilities.

Most Recent Individualized Education Plan Date (if Applicable)

If the child currently has an Individualized Education Plan (IEP) list the most recent date of the plan.

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G. Health

Please attach all available health records and summarize the health status of the child. – Please attach any health documents stating health status, medications child is prescribed and taking, any shot records, lists of surgeries, etc...

H. Visitation Arrangements for Parent/Guardian/Custodian

Is visitation plan in place?

Check on Yes or No. If visitation is established check “yes”. If there is no visitation plan established check “no”.

Please describe

List the established visitation plan such as days, place and times of visitation. State if visitation is supervised or unsupervised and who the visit participants.

I. Acknowledgement/Agreement of all Parties

I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and agree or do not agree. The Parent/Guardian/Caretaker should check agree or do not agree after reviewing the Case Plan.

Parent/Guardian/Custodian

Print the name of the Parent/Guardian/Custodian.

Review Date

List the date the Parent/Guardian/Custodian is reviewing and signing the Case Plan.

Signature Date

List the date the Parent/Guardian/Custodian is signing the Case Plan.

Signature

Have the Parent/Guardian/Custodian sign the Case Plan. If the parent is not able to sign or refuses to sign the Probation Officer should sign on behalf of the parent.

J. Case Plan Review

After completion of the initial Case Plan within the first 60 days, the case plan must be reviewed and updated by the probation department at least once every one hundred eighty (180) days from the completion of the last case plan.

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Date of 1st Review

List the date of the first review of the Case Plan. This must be within 180 days of the first, initial Case Plan. Count 180 days from the date of the initial Case Plan to determine when the review of the Case Plan is due.

Date of 2nd Review

List the date of the 2nd Review of the Case Plan. This must be within 180 days of the last review. Count 180 days from the date of the 1st review of the Case Plan to determine when the review of the Case Plan is due.

(Include additional review dates if appropriate.) - List additional review dates. These review dates will need to be completed within 180 days of the previous review date as long as the child is in care.

Date of Next Review

Here list the date of the next review of the case plan which should be within 180 days of the last review date.

K. Current Circumstances at each 180 days

The information in the “Current Circumstances” section will be where workers answer 3 questions relating to IV-E eligibility, which will be completed with each case plan but not the initial one. Federal and state regulations require this section to be completed every 180 days. This is why this section has been added to the case plan for ease of use for the worker.

1. Have the parents, guardians, or custodian’s addresses changed? Check Yes or No. If the parents, guardians or custodian’s addresses have changed check “yes”. If the parents, guardians, or custodian’s addresses have not changed check “no”. If either of the parents address has changed, you will need to go to the Probation Data Entry Form and update the address information. The Centralized Eligibility Unit will use this information to determine if the child continues to be deprived of parental support.

Please complete the following if there have been any changes since the last report. If there are none, check the N/A box.

2. Child’s earned or unearned income or any other type of funds from any source?

If any have changed, you will need to go to the Probation Data Entry Form and update the child’s income or resources. If there have been no changes check N/A.

3. Parents earned or unearned income or any other type of funds from any source? If any have changed, you will need to go to the Probation Data Entry Form and update the parent’s income or resources. List any income earned or unearned received by the parents. Please see below for definitions of earned and unearned income. This information will be used by the Centralized Eligibility Unit to determine if the child

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continues to be deprived when determining the child's Title IV-E eligibility. If there have been no changes check N/A.

Earned Income is:

- Payment received in the form of wages, salaries, commissions or profit from activities the individual is engaged in
- In-kind earnings, such as goods or services, received in lieu of wages (The dollar value of the work would be established by the employer)
- Profits from the sale of farm crops, livestock or poultry
- Compensation from jury duty
- Tips (when the hourly wage of an employee is less than minimum wage, the possibility of tips is likely)

Unearned Income is:

- Income not acquired by current employment or services.
- Often the result of past labor or services performed, which have enabled the person to receive a current benefit or pension or a court settlement or order.
- These can be benefits or compensation for service or prior employment such as Social Security benefits (RSDI or SSI), Railroad Retirement benefits, Department of Veteran Affairs pensions, Unemployment compensation, Payments based on need (TANF, Food stamps, etc) or Alimony or child support, investment income, gifts and inheritances and other deemed income.

Copy of the Case Plan (Notification) delivered to:

Child's Mother

List the name of the child's mother if known.

Date

List the date the Case Plan was delivered or given to the child's mother.

Hand Delivery or First Class Mail

Check how mother was provided with this document. If the Probation Officer handed mother the copy of the Case Plan check Hand Delivery. If the document was sent to the child's mother via mail check First Class Mail.

Child's Father

List the name of the child's father if known.

Date

List the date the Case Plan was delivered or given to the child's father.

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Hand Delivery or First Class Mail

Check how father was provided with this document. If the Probation Officer handed father the copy of the Case Plan check Hand Delivery. If the document was sent to the child's father via mail check First Class Mail.

Child's Guardian/Custodian

List the name of the child's Guardian/Custodian if this applies and is known.

Date

List the date the Case Plan was delivered or given to the child's guardian/custodian.

Hand Delivery or First Class Mail

Check how the guardian/custodian was provided with this document. If the Probation Officer handed the guardian/custodian the copy of the Case Plan check Hand Delivery. If the document was sent to the child's guardian/custodian via mail check First Class Mail.

Agency with Legal Responsibility

List the name of the agency with legal responsibility such as the County Probation Officer or Local DCS office.

Date

List the date the Case Plan was delivered or given to the agency with legal responsibility of the child.

Hand Delivery or First Class Mail

Check how the agency with legal responsibility was provided with this document. If the Probation Officer handed a representative of the agency that has legal responsibility for the child the Case Plan check Hand Delivery. If the document was sent to a representative of the agency with legal responsibility for the child via mail check First Class Mail.

Department of Child Services

List the name of the agency representative that received a copy of the case plan. The Consultant working for DCS should be the recipient of the case plan.

Date

List the date the Case Plan was delivered or given to the DCS representative.

Electronically, Hand Delivery or First Class Mail

Check how the representative of DCS (DCS Case Worker) was provided with the document. If the Probation Officer emailed or faxed the document to the DCS representative check Electronically. If the Probation Officer handed the representative of DCS (DCS Case Worker) the Case Plan check Hand Delivery. If the Probation Officer sent the Case Plan via mail check First Class Mail.

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*If a Case Plan is submitted electronically and signatures are not visible you do not need to send a paper copy with the signatures. However, you must make sure a signed copy is in the Probation case file.

Probation Officer's Signature

The case worker should sign the Case Plan here.

Typed Signature

Please print the name of the Probation Officer.

Date

List the date the Probation Officer is signing the document.

DRAFT