

# Madera County Linkages/AB 429 Coordinated Case Plan For Stabilization of Families

Case Plan:     Initial             Amended  
                    Linkages         AB 429

CalWORKs  
/CWS

Case No.: \_\_\_\_\_ Dated: \_\_\_\_\_ See Court Report Dated: \_\_\_\_\_

Primary Child Welfare Services Manager: \_\_\_\_\_ Primary Employment  
Training Worker: \_\_\_\_\_

CASE PLAN GOAL	PLAN PARTICIPANTS
<p>A. To safely maintain minor(s) in the home with parent(s) while maintaining participation in the Welfare to Work program. <input type="checkbox"/></p> <p>All minors <input type="checkbox"/>      Specific minor(s) <input type="checkbox"/>      Participant Name</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01 Mother _____</p> <p>02 Mother _____</p> <p>03 Father _____</p> <p>04 Father _____</p> <p>05 Father _____</p> <p>06 Caretaker _____</p> <p>07 Needy Caretaker _____</p> <p>11 Minor _____</p> <p>12 Minor _____</p> <p>13 Minor _____</p> <p>14 Minor _____</p> <p>15 Minor _____</p> <p>16 Other _____</p> <p>17 Other _____</p>
<p>B. To successfully reunify minor(s) with parent(s) while maintaining participation in the Welfare to Work program. <input type="checkbox"/></p> <p>All minors <input type="checkbox"/>      Specific minor(s) <input type="checkbox"/>      Participant Name</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Reference: CalWORKs WTW = Child(ren) and Participant(s) is the Same as Child Welfare Services = Minor(s) and Parent(s)</p>
<p>C. Other (specify) <input type="checkbox"/></p> <p>All minors <input type="checkbox"/>      Specific minor(s) <input type="checkbox"/>      Participant Name</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Needy Caretaker is a reference for CalWORKs WTW</p>

OBJECTIVES/SERVICES: (Each action must be dated to show the anticipated date of referral).

Participants No.							Will participate successfully complete the Objectives/Services below	Anticipated Referral Date
01	02	03	11	12	13	14		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse evaluation and recommended treatment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug testing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger management/domestic violence counseling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting class	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health assessment and recommended treatment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolve sanction/penalty	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain and maintain stable and suitable housing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):	

Social Worker/Employment Training Worker will maintain at least monthly contacts with parent(s) and provide the following case management services.

Participant No.							Case Management Services	Responsibility		Anticipated Completion Date
01	02	03	11	12	13	14		WTW	CWS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ancillary	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Projected review date for CWS (6 months from today's date)/Redetermination date for CalWORKs: \_\_\_\_\_

Court Case No. \_\_\_\_\_ Dated \_\_\_\_\_ See Court Report Dated \_\_\_\_\_

**Assessment**

Case Name \_\_\_\_\_ Case No. \_\_\_\_\_ Date of Assessment \_\_\_\_\_

Child No. 11 \_\_\_\_\_ Child No. 12 \_\_\_\_\_ Child No. 13 \_\_\_\_\_

Date assigned to program: \_\_\_\_\_

Detention Hearing Date: Child No. 11 \_\_\_\_\_ Child No. 12 \_\_\_\_\_ Child No. 13 \_\_\_\_\_

See court report dated: \_\_\_\_\_

Initial Assessment

The initial assessment requires a clear statement identifying problems. Probable cause and need for intervention. (Include relevant social, cultural, psychological and physical factors). Identify previous services offered and results. Identify family strengths and resources.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reassessment

A reassessment must give a review of the current family situation: previous assessments, effectiveness of service plans and agreements. Were stated objectives met?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terminate service to child(ren):  No. 01  No. 02  No. 03  All

Comments:

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Training Worker signature: \_\_\_\_\_ Date: \_\_\_\_\_

CWS Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_