

**Tulare County Health and Human Services
Tulare County Linkages Project**

Coordinated Case Plan

Case Plan: Initial Amended

Case No: _____ / _____ Dated: _____ See Court Report Dated: _____

<p>CASE PLAN GOAL:</p> <p>A. To safely maintain minor(s) in the home with parent(s) while maintaining participation in the TulareWORKs program. <input type="checkbox"/></p> <p style="margin-left: 20px;">All minors <input type="checkbox"/> Specific minor(s) <input type="checkbox"/> Participants Name</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. To successfully reunify minor(s) with parent(s) while maintaining participation in the TulareWORKs program. <input type="checkbox"/></p> <p style="margin-left: 20px;">All minors <input type="checkbox"/> Specific minor(s) <input type="checkbox"/> Participants Name</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>C. Other (specify) <input type="checkbox"/></p> <p style="margin-left: 20px;">All minors <input type="checkbox"/> Specific minor(s) <input type="checkbox"/> Participants Name</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">PLAN PARTICIPANTS: (Write Social Security Numbers)</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>08 Minor _____</p> <p>09 Minor _____</p> <p>10 Minor _____</p> <p>11 Minor _____</p> <p>12 Minor _____</p> <p>13 Other _____</p> <p>14 Other _____</p> <p>Reference: CW WTW = Child(ren) & Participant(s) is the same as CWS = Minor(s) & Parent(s)</p> <p>Needy Caretaker is a reference for CW WTW</p>
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OBJECTIVES/SERVICES: (Each action must be dated to show the anticipated date of referral)

Participants Number (Write Participants Number in the boxes below)							Will participate and successfully complete the Objective/Services below	Anticipated Referral Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse & 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/recommended tx	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolve sanction	
<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/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/Job Specialist will maintain at least monthly contacts with parent(s) and provide the following case management services. Social Worker Resource Specialist

Participant Number (Write Participants Number in the boxes below)							Case Management Services	Responsibility WTW / CWS	Anticipated Completion Date
<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"/>	Transportation		
<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"/>	Maintain monthly contact		
<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"/>	Other		

Projected termination date for Child Welfare Services: _____

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ASSESSMENT

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?

Participants Signature: _____ Date: _____

Participants Signature: _____ Date: _____

Linkages Liaison (SSRS) Signature: _____ Date: _____

CWS Worker Signature: _____ Date: _____

CWS Supervisor/Team Lead Signature: _____ Date: _____

Other: _____ Title: _____ Date: _____

Other: _____ Title: _____ Date: _____