

<b>Services/Activities For Parents/Child(ren) For Disposition and 333 Case Plan</b>			
<b>MOTHER/FATHER/GUARDIAN WILL:</b>			
<b>MOTHER</b>	<b>FATHER</b>	<b>GUARDIAN</b>	<b>ALCOHOL AND DRUG:</b>
			participate in Addiction Recovery Team services
			participate in a drug/alcohol evaluation
			submit to observed UA's as directed by _____
			not frequent bars or taverns
			participate in A/D treatment as recommended by an evaluation
			attend recovery group meetings _____ weekly, or ___ as directed by treatment provider
<b>DOMESTIC VIOLENCE:</b>			
<b>Non-Offending Parent:</b>			
			Have no contact with _____
			Permit no contact between the children and _____
			Report any attempted contact between _____ and the children to DHS
<b>Domestic Violence Offender:</b>			
			Have no contact with _____
			Participate in domestic violence offender assessment through _____
			Participate in violence intervention program
<b>MENTAL HEALTH:</b>			
			Participate in a Mental Health assessment
			Take medication as prescribed
			Undergo a psychiatric evaluation
			Undergo a psychological evaluation
			Undergo a neuropsychological evaluation
			Regularly attend mental health treatment as recommended by _____
			Regularly attend individual counseling as recommended by _____
<b>SEX OFFENSES:</b>			
<b>Non-Offending Caretaker:</b>			
			Permit no contact between children and _____
			Report any attempted contact with the children by _____
			Participate in FSAT or other non-offending parent education
<b>Offender:</b>			
			Participate in sexual offender treatment as recommended
			Participate in a psychosexual evaluation
			Submit to a full disclosure polygraph
			Have no contact with _____

<b>MOTHER/FATHER/GUARDIAN WILL:</b>			
<b>MOTHER</b>	<b>FATHER</b>	<b>GUARDIAN</b>	<b>OTHER:</b>
			Obtain and maintain verifiable employment
			Obtain safe and stable housing
			Participate in an educational program
			Cooperate with Self Sufficiency Program / TANF and OHP
			Comply with all requirements of the criminal court, probation and/or parole
<b>DHS</b>	<b>FOSTER PARENT OR PARENT</b>	<b>GUARDIAN</b>	<b>Will ensure that child:</b>
			<b>PHYSICAL:</b>
			Has a physical examination
			Participates in physical therapy as recommended by _____
			Participates in speech therapy as recommended by evaluation
			Participates in occupational therapy as recommended by evaluation
			<b>MENTAL HEALTH:</b>
			Undergoes a mental health assessment
			Undergoes a psychological evaluation
			Be provided medication as prescribed by _____
			Participates in individual counseling as recommended by _____
			Participates in _____ therapy as recommended by _____
			Participates in parent/child interaction evaluation
			<b>DEVELOPMENTAL:</b>
			Has ASQ screening completed
			Has ASQ/SE screening completed
			Participates in Early Intervention services if found eligible by WESD
			Participates in comprehensive developmental evaluation at CDRC
			<b>EDUCATION:</b>
			Participates in educational program
			<input type="checkbox"/> DHS <input type="checkbox"/> caregiver participates in development/management of IEP
			<input type="checkbox"/> DHS <input type="checkbox"/> caregiver participates in child's educational plan