



# Family Support Services Case Plan (Child in Substitute Care)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Branch: \_\_\_\_\_

## Child Information

Child's Name: \_\_\_\_\_ Person Letter: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Primary Language \_\_\_\_\_

## Parent, Legal Guardian, Young Adult Information

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Language: \_\_\_\_\_

## Father's Information

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Language: \_\_\_\_\_ Father's Legal Status: \_\_\_\_\_

Legal Status: \_\_\_\_\_

## Indian Child Welfare Summary

Indian Child Welfare Summary: \_\_\_\_\_

## Referral Information

Referral Information: \_\_\_\_\_

## Determination of Need

Determination of Need: \_\_\_\_\_

## Service Goals

Service Goals: \_\_\_\_\_

## Services

Services to the Parent/Guardian: \_\_\_\_\_

Services to the Child: \_\_\_\_\_

Services the Department Will Provide: \_\_\_\_\_

## Progress to Date

Progress to Date: \_\_\_\_\_

Primary Permanency Plan: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Branch: \_\_\_\_\_

Explanation:

Concurrent Permanency Plan:

Explanation:

**Substitute Care Services**

Current Type of Placement(s):

Anticipated Return Home:

Current Placement:

Substitute Caregiver:

**Visitation Plan**

Visitation Plan:

**Conditions for Case Closure**

Conditions for Case Closure:

**Face-to-Face Contact**

Caseworker Contact with Child and Parent:

Contact Dates with Child:

Contact Dates with Mother:

Contact Dates with Father:

Contact Dates with Relative Caregiver/Foster Parent/Provider:

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Branch: \_\_\_\_\_

Collaterals, Relatives and Others:

**Review**

Review Date:

*"I understand and agree to participate in services to achieve the service goals of this case plan."*

**Signatures**

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

**Mailing Information**

Copies of this form mailed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
To: Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
Father: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_