

COURT ORDERED CASE PLAN  REFERRALS TO BE GIVEN FOR  MO  FA  LG

CASE NUMBER: \_\_\_\_\_

I.C.W.A. APPLIES  YES  NO  PENDING

INCARCERATED PARENT  YES  NO

(DCFS to explore programs available at place of incarceration & assist parent in enrollment in those programs as necessary.)

NAME: \_\_\_\_\_

CHILD: (1) \_\_\_\_\_  HOP  SP

Placement with: \_\_\_\_\_

Educational Rights Holder: \_\_\_\_\_

CHILD: (2) \_\_\_\_\_  HOP  SP

Placement with: \_\_\_\_\_

Educational Rights Holder: \_\_\_\_\_

(Match Number of Child to Corresponding Number on Minute Order)

CHILD (3): \_\_\_\_\_  HOP  SP

Placement with: \_\_\_\_\_

Educational Rights Holder: \_\_\_\_\_

CHILD: (4) \_\_\_\_\_  HOP  SP

Placement with: \_\_\_\_\_

Educational Rights Holder: \_\_\_\_\_

PROGRAMS FOR PARENTS (DCFS/COURT APPROVED):

Drug/Alcohol Services:

- Full drug/alcohol program with aftercare
- Random or on demand Drug/Alcohol Testing
  - Every other week
  - Weekly
- 12 Step Program w/court card & sponsor
- Alanon/Alateen
- \_\_\_ Random or on demand consecutive drug tests, if any test is missed or dirty, then full drug rehab program w/random testing

Domestic Violence:

- 52 week certified BIP
- Support Group/Victims
- Parents Beyond Conflict
- Conjoint Counseling w/ \_\_\_\_\_

Parenting Teen Services:

- F.G.D.M
- Whole Family Foster Home
- Anger Management

Parenting:

- Developmentally Appropriate
- Fatherhood
- Hands-on
- Special Needs Children
- Other: \_\_\_\_\_

Sex abuse counseling

- For perpetrators
- Awareness counseling
- Transportation Assistance
- Housing Assistance
- Family Preservation

Mental Health Counseling

- Psychological assessment
- Psychiatric evaluation
- Take all prescribed psychotropic medications
- Regional Center Referral

Individual Counseling to Address \_\_\_\_\_

Other \_\_\_\_\_

PROGRAMS FOR CHILDREN: (Place number of child on dash that matches child's number above)

- |  |   |  |
|--|---|--|
| ___ ___ ___ ___ Referral for IEP Assessment            | ___ ___ ___ ___ Ed/Psych Referral                               | ___ ___ ___ ___ Regional Center Referral |
| ___ ___ ___ ___ ILP Referral                           | ___ ___ ___ ___ Youth Development Services                      | ___ ___ ___ ___ HUB/MAT                  |
| ___ ___ ___ ___ Wrap/TBS/FSP Referral                  | ___ ___ ___ ___ Sex abuse Group Counseling                      | ___ ___ ___ ___ JCMHS Referral           |
| ___ ___ ___ ___ Individual Counseling to Address _____ | ___ ___ ___ ___ Play therapy                                    |  |
| ___ ___ ___ ___ Conjoint Counseling with _____         | <input type="checkbox"/> if recommended by individual therapist |  |
| ___ ___ ___ ___ Other _____                            |   |  |

VISITATION:

- |   |  |   |
|---|--|---|
| ___ ___ ___ ___ Monitored                 | ___ ___ ___ ___ Neutral setting        | <input type="checkbox"/> Other Visitation For Child |
| ___ ___ ___ ___ Unmonitored               | ___ ___ ___ ___ Public setting         | ___ ___ ___ ___ Grandparents                        |
| ___ ___ ___ ___ Discretion to liberalize  | ___ ___ ___ ___ At DCFS office         | ___ ___ ___ ___ Sibling visitation                  |
| ___ ___ ___ ___ Hrs/Times per week _____  | ___ ___ ___ ___ Caretaker's Home       | ___ ___ ___ ___ Other _____                         |
| ___ ___ ___ ___ Overnights/Weekends _____ | ___ ___ ___ ___ Place of Incarceration |   |
|   | ___ ___ ___ ___ Therapeutic setting    |   |
- \_\_\_ \_\_\_ \_\_\_ \_\_\_ Monitored by  Any DCFS approved monitor or \_\_\_\_\_

Other: \_\_\_\_\_

- (1) Custodial parent make child available for unannounced home calls.
- (2) Low cost/No cost referrals
- (3) Parent will keep DCFS advised of addresses and telephone/cell phone numbers.
- (4) Parent will sign any form necessary to release information to DCFS with regard to all court-ordered counseling (HIPAA).
- (5) DCFS is to provide all therapists with a copy of sustained Petition, Jurisdiction Report, Court ordered Disposition Case Plan and all DCFS reports.
- (6) No one may take the child/ren out of the State of California without notifying the social worker.
- (7) No corporal punishment
- (8) No visitation for anyone under the influence of drugs or alcohol.

NO FR SERVICES:  361.5 (a)  361.2/362  361.5 (b) \_\_\_\_\_  361.5 (e)

PARENT'S SIGNATURE: \_\_\_\_\_  MO  FA  LG Date: \_\_\_\_\_

JUDICIAL OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_