

COURT-ORDERED CASE PLAN FOR ☐ MO ☐ FA ☐ LG

CASE NO. _____

NAME _____

CHILD____: _____ ☐ HOP ☐ SP

Placement with: _____

Educational Rights Holder: _____

CHILD____: _____ ☐ HOP ☐ SP

Placement with: _____

Educational Rights Holder: _____

ICWA 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.)

CHILD____: _____ ☐ HOP ☐ SP

Placement with: _____

Educational Rights Holder: _____

CHILD____: _____ ☐ HOP ☐ SP

Placement with: _____

Educational Rights Holder: _____

PROGRAMS FOR PARENTS: (DCFS/COURT APPROVED)

☐ Drug/Alcohol Services:

- ☐ Full drug/alcohol program with aftercare
- ☐ Random and on-demand drug/alcohol testing
 - ☐ Every other week ☐ Weekly
- ☐ 12-step program w/court card & sponsor
- ☐ Al-Anon/Alateen
- ☐ ___ Random and on-demand drug/alcohol testing. If any test is missed (unexcused) or positive, DCFS may walk the matter on calendar for further orders.

☐ Domestic Violence:

- ☐ 52-week certified BIP
- ☐ Support Group/Victims
- ☐ Other _____
- ☐ Parents Beyond Conflict
- ☐ Conjoint counseling with _____

☐ Parenting Teen Services

- ☐ _____
- ☐ 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:

- | | | |
|--|----------------------------------|------------------------------------|
| _____ Referral for IEP assessment | _____ Ed/Psych referral | _____ Regional Center referral |
| _____ ILP referral | _____ Speech assessment | _____ Public health nurse referral |
| _____ Wrap/TBS/FSP referral | _____ Sex abuse group counseling | |
| _____ Age-appropriate counseling to address _____ | | |
| _____ Conjoint counseling with _____ <input type="checkbox"/> if recommended by individual therapist | | |
| _____ Other _____ | | |

VISITATION: (DCFS to prepare a written schedule and confirm any changes and/or liberalization in writing.)

- | | | |
|---------------------------------|------------------------------|---|
| _____ Monitored | _____ Neutral setting | <input type="checkbox"/> Other visitation for child |
| _____ Unmonitored | _____ Therapeutic setting | _____ Grandparents |
| _____ Discretion to liberalize | _____ DCFS office | _____ Siblings |
| _____ Hrs./Times per week _____ | _____ Place of incarceration | <input type="checkbox"/> Phone/Video visits |
| _____ Overnights/Weekends _____ | _____ Public setting | Other _____ |

Monitored by ☐ any DCFS approved monitor or _____

OTHER:

- (1) Custodial parent to make child available to DCFS for unannounced home calls.
- (2) All appropriate low-cost/no-cost referrals.
- (3) Parent to keep DCFS advised of current addresses and telephone numbers.
- (4) Parent to sign any form necessary to release information to DCFS with regard to all court-ordered counseling (HIPAA).
- (5) DCFS to provide therapists (and evaluators, in advance) a copy of the sustained petition, 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)

JUDICIAL OFFICER: _____

Date: _____