

PFN:	
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MINOR AND FAMILY ASSESSMENT

PET#:	
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Name:		DOB:	Sex:	Ethnicity:
PO:	Date:		Place of Birth:	
In Custody: <input type="checkbox"/> No <input type="checkbox"/> Yes, date removed:			Social Security #:	
Legal Custody:			With whom has minor been living:	
Mother Name:		DOB:	SS#	
Address:		City:	Zip:	
Home Phone:	Work Phone	Employer/Source of Income:		
Father Name:		DOB:	SS#:	
Address:		City:	Zip:	
Home Phone:	Work Phone:	Employer/Source of Income:		
Other Adults in home: (Name/Relationship)				
Relative not living in home: (Name/Address/Phone/Relationship)				
Step-Mother Name:		DOB:	SS#:	
Address: (same address as father)		City:	Zip:	
Home Phone:	Work Phone:	Employer/Source of Income:		
Step-Mother Name:		DOB:	SS#:	
Address:		City:	Zip:	
Home Phone:	Work Phone:	Employer/Source of Income		

SIBLINGS AND/OR OTHER CHILDREN IN THE HOME

Name	Relationship	DOB	Living with:

HEALTH AND EDUCATION

Information is not available – Date requested:	By:	From:
Physician Name & Address:	Phone:	Date of last visit:
Dentist Name & Address:	Phone:	Date of last visit:
Medical Issues:		
Current medications:	Immunizations current: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Record attached <input type="checkbox"/> Record requested ____ (date) by letter from ____	
Information is not available - Date requested:	By:	From:
School Name & Address:	Grade:	Grades
IEP/Special Education.	Credits Earned	Child is performing at grade level ?

ASSESSMENT OF MINOR

	Category	Detailed information
	Minor has a history of prior criminal/delinquent behavior	
	Parent or other significant adult has or is currently involved in the criminal justice system.	
	Minor has been <input type="checkbox"/> physically <input type="checkbox"/> sexually <input type="checkbox"/> emotionally Abused. <input type="checkbox"/> documented <input type="checkbox"/> suspected.	
	Minor has school problems <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Behavior	
	Minor associates with other known criminals/delinquent.	
	Minor uses drugs/alcohol <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Drugs	
	Family has/is in Conflict, has significant issues.	
	Minor has been witness to or involved in Family Violence	
	Parental Supervision/Abilities to control minor are inadequate.	
	Other:	
	Other:	

FAMILY ASSESSMENT

	Other Risks/Issues (Check all that apply)		Family Strengths (check all that apply)
	Family Members - Substance Abuse Issues		Family Intact/stable
	Parenting Skills		Family/adult caregiver available and willing to work with program
	Parent Education		TANF/Cal Works involvement
	Adult Employment/Income/Budgeting		Has extended Family
	Transportation		Faith based affiliation
	Family Members - Physical Health/Mental Health issues/Access to care		Receiving Mental health services
	Parent/Sibling Criminal Involvement		Financially stable/employed/reliable income
	No positive family involvement/social/recreation		Adequate living necessities (food, shelter, etc.)
	Other:		Family has positive involvement/social/recreation
	Other:		Other:
	Other:		Other:

Relatives who might be able to provide a home for the minor if necessary: (31-205.1(g))

<i>Name:</i>	<i>Relationship:</i>	<i>Phone:</i>
<i>Address:</i>	<i>City:</i>	<i>Zip:</i>
<i>Name:</i>	<i>Relationship:</i>	<i>Phone:</i>
<i>Address:</i>	<i>City:</i>	<i>Zip:</i>

OTHER INFORMATION

Is Restitution an Issue in this case?	Amount	<input type="checkbox"/> Referred to Victim Awareness: (date) <input type="checkbox"/> Other
<input type="checkbox"/> Child Protective Services Check <input type="checkbox"/> Other Services Received		
Is child a parent/in need of assistance with parenting		
Juvenile Justice Accountability Issues		

[illegible]

PFN:	
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CASE PLAN

PET#:	
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Minor's Name:		DOB:
Date Removed:	Date of Disposition:	Case Plan Date:

Based on the Assessment done by the Probation Officer, as well as input from the minor, parent(s), and others related/concerned with the minor, the following case plan will be implemented.

Overall goal is

- ☐ Minor to remain in home/family maintenance. Absent these services or should preventative services fail, the minor will be removed from the home and placed in a suitable foster/group home.
- ☐ Minor to be placed in foster/group home. Plan is reunification with family.
- ☐ Permanency should reunification efforts fail.

Issue	Service Objective	For Who	Service or Referral	Date Ref/. Services	Projected Completion	Date Complete
Medical:	<input type="checkbox"/> Obtain Medical coverage					
	<input type="checkbox"/> Refer to physician for:					
	<input type="checkbox"/> Refer to dentist for:					
Mental Health	<input type="checkbox"/> Refer for assessment					
	<input type="checkbox"/> Counseling					
	<input type="checkbox"/>					
Education <input type="checkbox"/> Truant <input type="checkbox"/> Poor Grades <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion <input type="checkbox"/> Disruptive <input type="checkbox"/> Active IEP	<input type="checkbox"/> Attend school regularly <input type="checkbox"/> Educational Assessment <input type="checkbox"/> Needs IEP Reassessment <input type="checkbox"/> Tutoring for grades <input type="checkbox"/> Other _____	Minor				
Prepare for independent living.	<input type="checkbox"/>	Minor				
Substance Abuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Meth. <input type="checkbox"/> Other	<input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Regular testing <input type="checkbox"/> PO monitor refrain from use <input type="checkbox"/> <input type="checkbox"/>	Minor				
Violence/Anger	<input type="checkbox"/> Attend Anger Management classes					
Gang/Peer relationships	<input type="checkbox"/> Tutoring <input type="checkbox"/> _____ <input type="checkbox"/> Other activity _____ <input type="checkbox"/> Tattoo removal					
Delinquent activity	<input type="checkbox"/> Obey all laws-conditions of probation	Minor				
Inadequate parenting	<input type="checkbox"/> Parenting class					
Minor's ability to parent	<input type="checkbox"/> Parenting Class <input type="checkbox"/> Referral for child care/social services assist.					

Sexual Abuse Victim	<input type="checkbox"/> Counseling_____ <input type="checkbox"/> Victim/Witness Assistance referral <input type="checkbox"/> CPS referral					
Physical Abuse Victim	<input type="checkbox"/> Counseling_____ <input type="checkbox"/> Victim/Witness Assistance referral <input type="checkbox"/> CPS referral					
Sexual offender	<input type="checkbox"/> Counseling <input type="checkbox"/> Sex Offender Treatment Program					
Family Conflict	<input type="checkbox"/> Counseling <input type="checkbox"/>	Minor/Parents				
Lack of Social Skills/Inappropriate Behavior	<input type="checkbox"/> Life skills class <input type="checkbox"/> Counseling <input type="checkbox"/> Mentor program					

Parent advised of adoption counseling services available on _____ (exact date)
The projected date for the completion of all case plan objectives is _____(exact date)
Probation services will be terminated on or before _____ (exact date)

Case Plan Responsibilities:

Parent will:	Minor will:	Probation Officer will:
<input type="checkbox"/> Parents to participate with service plan for minor	<input type="checkbox"/> Minor to refrain from any substance use; attend school regularly; participate in assigned programs	<input type="checkbox"/> Meet with minor _Monthly <input type="checkbox"/> Meet with parent _TBD <input type="checkbox"/> Monitor compliance <input type="checkbox"/> _____ <input type="checkbox"/> _____

SIGNATURES

I have reviewed this case plan with the Probation Officer and understand what it says. I also understand that the services are being offered by the Probation Department to assist me.

Minor Date: _____

Parent Date: _____

☐ No parent available. Reason _____)_____ Date: _____

☐ Parent reviewed/declined to sign. Reason _____ Date: _____

☐ Parent refused to participate in case plan/declined to sign. Reason _____ Date: _____.
Probation Officer will continue efforts to engage the family in the case plan process.

Probation Officer Date: _____

Probation Supervisor Date: _____

CASE PLAN REVIEWS

Date of Review	Reason P = Placement S = Six mo. C = Case plan change	Reason/Results of Review Note: mandatory review must be done every six months. If case plan goal is changing from Family Maintenance to Reunification due to placement PO <u>MUST</u> update case plan. If Family Maintenance remains goal, document why continued prevention services are necessary and, if so, why child is still a reasonable candidate for foster care.	Probation Officer	Supervisor
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		
		<input type="checkbox"/> Case Plan remains appropriate. <input type="checkbox"/> Case Plan is to be modified for: _____ <input type="checkbox"/> Parents <input type="checkbox"/> are <input type="checkbox"/> are not complying <input type="checkbox"/> Minor remains a reasonable candidate for foster care because _____ Contacts since previous review:		