

# NORTH CAROLINA IN-HOME FAMILY CASE PLAN

County:

Family/Case Number:

## Section 1. Family Information

<b>Family/Case Name:</b>	
<b>Agency Worker Name, Phone Number &amp; Email</b>	
<b>Agency Supervisor Name Phone Number &amp; Email</b>	

Name	Current Address	DOB	CNDS
Child:			
Child:			
Child:			
Child:			
Child:			
Child:			
			<b>Telephone Number</b>
Parent Name: Parent of:			
Parent Name: Parent of:			
Parent Name: Parent of:			
Parent Name: Parent of:			
Other Caregiver:			
Other Caregiver:			

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### Section 2. Behavior Change and Services to Address Needs

<b>Need</b> (Caretaker need from the Strengths and Needs Assessment.) List the number, the indicator circled, and write a brief description of the specific need within the family.				
Behavior Change Needed:				
Service(s)/Activities to be offered or provided to address the need	Service Participants	Service Start Date (Actual or Projected)	Projected Service Completion Date	Service Completion Date

#### Progress Achieving the Behavior Change and Completing Services

Behavior Change status:	Service status:	Date: Comments:
<input type="checkbox"/> Achieved in full	Was the service(s) made available by the agency? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Partially achieved	Has the family participated in services provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Not Achieved	Have any of the services been completed? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> No longer needed	Have services been added or discontinued? <input type="checkbox"/> Y <input type="checkbox"/> N	

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Service(s) to be offered or provided to address the need	Service Participants	Service Start Date (Actual or Projected)	Projected Service Completion Date

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### Section 3. Court

a. Is there any open legal action for anyone in this family?  Yes (*continue to b. and c.*)  No (*skip b. and c.*)

b. If yes, type of court:

c. If yes, are the orders of the court incorporated into the objectives and activities of the case plan?

Yes  No If not, explain:

d. Updates to any court orders:

Date:

Comments:

Date:

Comments:

**NORTH CAROLINA IN-HOME FAMILY CASE PLAN**

**Section 4. Imminent or Serious Risk of Foster Care** *Complete a separate page for each child/youth.*

**Child Name:**

**Determination of Serious or Imminent Risk of Entry into Foster Care Chart**

<b>Is the child at serious or imminent risk of entry into foster care?</b>		<b>If "Yes," why is the child at risk of foster care.</b>	<b>If yes, list service(s) from the section titled, <i>Behavioral Change and Services to Address Needs</i>, that specifically addresses the child's risk of entering foster care.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Update Date:

<b>Is the child at serious or imminent risk of entry into foster care?</b>		<b>If different from previous determination, explain here.</b>	<b>If different from previous determination, list updated service(s) from the section titled, <i>Behavioral Change and Services to Address Needs</i>, that specifically addresses the child's risk of entering foster care.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Update Date:

<b>Is the child at serious or imminent risk of entry into foster care?</b>		<b>If different from previous determination, explain here.</b>	<b>If different from previous determination, list updated service(s) from the section titled, <i>Behavioral Change and Services to Address Needs</i>, that specifically addresses the child's risk of entering foster care.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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### Section 5. Child Specific Well-Being Needs. Complete a separate page for each child/youth. Child's Name:

Educational / Developmental	School/Daycare:                      Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain: <input type="checkbox"/> No  Needs: Services in place, IEP, A/G:	Additional Services needed:	Review:  Review:  Review:
Physical / Medical/	Physician/Address/Phone:  Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup? Health insurance: Any health needs/issues?	Additional Services needed:	Review:  Review:  Review:
Dental	Dentist/Address/Phone:   Date of last dental appointment? Dental needs:	Additional Services needed:	Review:  Review:  Review:
Mental Health / Behavioral Health needs	Provider/Address/Phone: Diagnosis/Behavior Concern:  Current Services: Needs:	Additional Services needed:	Review:  Review:  Review:
Juvenile Justice involvement	Court Counselor:  Upcoming Court Date: Court ordered services that have been accessed:	Court ordered services not yet accessed:	Review:
Social / Other	Activities: Needs:	Additional services or activities needed:	Review:

If the child cannot be safely maintained in the home, what are the parents' preferences for placement?

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### Section 6. Parent or Caretaker Well-Being Needs to be addressed with Optional Services

Do the parents or caretakers have identified well-being needs that are not directly related to risk of harm to a child and that are not addressed by the services listed above? Yes  (complete the charts below) No

Other identified need of the parents/caretakers:			
Optional Service(s) to be offered or provided to address the need	Service Participants	Service Start Date (Actual or Projected)	Projected Service Completion Date

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Optional Service(s) to be offered or provided to address the need	Service Participants	Service Start Date (Actual or Projected)	Projected Service Completion Date

**Updates:**

Date	Optional Service(s) Status Update:
Date	Optional Service(s) Status Update:
Date	Optional Service(s) Status Update:

## NORTH CAROLINA IN-HOME FAMILY CASE PLAN

**Section 7. Signatures** My signature indicates that I participated in the development and/or update of the Family Case Plan.

Role	Signature & Comments	Date
Parent		
Parent		
Child		
Child		
Child		
Child		
Agency Worker		
Agency Supervisor		
Other Relationship/Agency/Phone/Email		
Other Relationship/Agency/Phone/Email		
Other Relationship/Agency/Phone/Email		

*Social Worker should document extent of the primary parent/caretaker's participation if that person declines to sign.*