

## Case Plan

- Initial Plan  
 Follow-up Plan

The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety, permanency and well-being.

- In-Home Case Plan: This plan is designed to keep children in their home.
- Out-of-Home Case Plan: This plan is designed to assist in the child's timely and safe return home.

CAREGIVER(S)		CHILD(REN)	
Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan.		DATE PLAN BEGINS	DATE PLAN REVIEWED
<b>OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)</b>			
OBJECTIVE			
<b>OBJECTIVE START DATE</b>		<b>TARGET END DATE</b>	
TASKS			
<b>SERVICES</b>			
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	

SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
<b>OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)</b>			
OBJECTIVE			
<b>OBJECTIVE START DATE</b>		<b>TARGET END DATE</b>	
TASK			
<b>SERVICES</b>			
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
<b>OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)</b>			
OBJECTIVE			
<b>OBJECTIVE START DATE</b>		<b>TARGET END DATE</b>	
TASK			

<b>SERVICES</b>			
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
SERVICE			
PROVIDER			
<b>START DATE</b>		<b>END DATE</b>	
<b>SIGNATURES</b>			
PARENT/CAREGIVER SIGNATURE	DATE	PARENT/CAREGIVER SIGNATURE	DATE
CHILD (OVER 12 YEARS) SIGNATURE	DATE	OTHER SIGNATURE	DATE
SOCIAL WORKER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE