

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Minnie Mouse

SERVICE OBJECTIVES

Projected Completion Date

- | | |
|---|------------|
| 1. Stay sober and show your ability to live free from alcohol dependency. | 05/31/2020 |
| 2. Consistently, appropriately and adequately parent your child(ren). | 05/31/2020 |
| 3. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests. | 05/31/2020 |
| 4. Comply with medical or psychological treatment. | 05/31/2020 |

CLIENT RESPONSIBILITIES

| <u>Activity</u> | <u>Times</u> | <u>Freq.</u> | <u>Completion Date</u> | <u>Provider</u> | <u>Wrap</u> | <u>Core Svc</u> |
|-----------------|--------------|--------------|------------------------|-----------------|-------------|-----------------|
|-----------------|--------------|--------------|------------------------|-----------------|-------------|-----------------|

Counseling/Mental Health Services

- | | |
|---|------------|
| 1. General Counseling | 05/31/2020 |
| <u>Description</u> | |
| The mother/father will attend a mental health evaluation and follow all recommendations for mental health treatment. If deemed appropriate by the social worker, the mother will obtain a psychiatric evaluation so that the social worker can assist in removing barriers to the mother's success. | |

Education Services

- | | |
|--|------------|
| 1. Parenting Education Program | 05/31/2020 |
| <u>Description</u> | |
| The mother/father will attend and successfully complete a parent education program that has been approved by the social worker. This may include, but not be limited to, Love and Logic, Parent Project, and the Nurturing Parent Program. The mother/father will apply what he has learned and show that he can make parenting choices that assure the safety of his/her child. | |

Substance Abuse Services

- | | |
|---|------------|
| 1. Substance Abuse Testing | 05/31/2020 |
| <u>Description</u> | |
| The mother/father will test within 24 hours of request. Testing may include urinalysis and hair follicle testing. A refusal or missed test will be considered a positive result. | |
| 2. Substance Abuse (outpatient) | 05/31/2020 |
| <u>Description</u> | |
| The mother/father will not use illegal drugs and/or prescription medication not prescribed to him. The mother/father will not abuse prescription medication. The mother/father will attend an AOD assessment and follow all recommendations for treatment, including, but not limited to inpatient AOD treatment. The mother will fully participate in the program requirements and successfully graduate. The mother will follow all recommendations for aftercare, and continue to demonstrate her ability to remain sober. The mother will demonstrate her sobriety through, but not limited to, positive behavior change and negative test results. | |

Mickey Mouse

SERVICE OBJECTIVES

- | | <u>Projected Completion Date</u> |
|---|----------------------------------|
| 1. Stay sober and show your ability to live free from alcohol dependency. | 05/31/2020 |
| 2. Consistently, appropriately and adequately parent your child(ren). | 05/31/2020 |
| 3. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests. | 05/31/2020 |
| 4. Comply with medical or psychological treatment. | 05/31/2020 |

CLIENT RESPONSIBILITIES

| <u>Activity</u> | <u>Times</u> | <u>Freq.</u> | <u>Completion Date</u> | <u>Provider</u> | <u>Wrap</u> | <u>Core Svc</u> |
|-----------------|--------------|--------------|------------------------|-----------------|-------------|-----------------|
|-----------------|--------------|--------------|------------------------|-----------------|-------------|-----------------|

Counseling/Mental Health Services

- | | | | | | | |
|---|--|--|------------|--|--|--|
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Education Services

- | | | | | | | |
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Substance Abuse Services

- | | | | | | | |
|---|--|--|------------|--|--|--|
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Pluto Mouse

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Pluto Mouse

Method

Times

Frequency

Beginning

Provider

Date

In-Person

11/30/2018

Description

Visits may be supervised by a social service aide, other Department staff, or other individual approved by the Department. Children may participate in mental health services with their parents in lieu of supervised visitation.

The parents will be offered supervised visitation for a minimum of two times per week, two hours per visit. Time, place, and manner of the visits will be determined by the social worker. No change in visitation may be made without the social workers consent. Visitation may be liberalized at the discretion of the social worker with 48 hours' notice to counsel.

CHILD(REN) – SIBLING(S) VISITATION

CHILD(REN) – GRANDPARENT(S) VISITATION

CHILD(REN) – OTHER VISITATION

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Pluto Mouse

| <u>Method</u> | <u>Times</u> | <u>Frequency</u> | <u>Beginning Date</u> | <u>Provider</u> |
|----------------------|---------------------|-------------------------|------------------------------|------------------------|
| In-Person | | | 11/30/2018 | |

Description

The social worker will meet with the child a minimum of one time per month to assess the child's wellbeing while in care.

The parent will contact the social worker a minimum of one time per month, and make themselves available to meet with the social worker monthly to assess their progress on their case plan and address any barriers that may arise.

The social worker will meet with the care provider to assess the child's progress while in care and support placement stability.

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

SOCIAL WORKER – CARE PROVIDER CONTACTS

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN DATE

SIGNATURE OF FATHER/GUARDIAN DATE

SIGNATURE OF OTHER DATE

SIGNATURE OF OTHER DATE

| |
|---------------------------|
| NON-SIGNATURE EXPLANATION |
|---------------------------|

SIGNATURE OF INTERPRETER (1) DATE

SIGNATURE OF INTERPRETER (2) DATE

Jerab Pino CWOE05 (707) 388-6577 DATE
SOCIAL WORKER Caseload Phone Number

Timothy A. Nugent (707) 445-6180 DATE
SUPERVISOR Phone Number