

Care Plan

Case Name

Care Plan Effective Date

Client Name

Date of Birth

Family Composition

Living in Family

Name	Role/Responsibility	Address	Telephone Number	

Not Living in Family

Name	Role/Responsibility	Address	Telephone Number	

Family's View of the Situation

Agency's View of the Situation

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Diagnostic Information

Axis I

Code	Description
Code	Description
Code	Description
Code	Description

Axis II

Code	Description
Code	Description
Code	Description
Code	Description

Axis III

Axis IV

Area	Area	Area	Area
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Explanation

Axis V **GAF**

Date	Score	Psychiatrist/Clinician diagnosing
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Current GAF

Date	Score with supports
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Date	Score without supports
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Emergency Contact Information

Allergies

Physician

Care Plan

Out of Home Care					
Case Name			Care Plan Effective Date		
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Out of Home Care, if applicable (Non Foster Care)					
Primary Reason for Placement					
Date Entered		Anticipated Discharge		Discharge Location	
Projected Length of Stay		Facility Name			
Facility Contact			Facility Address		
Facility Phone					
Psychiatrist			Address		
Psychiatrist Phone #					
Child Welfare-CCWIPS, if applicable					
CCWIPS Case Number			County of financial Responsibility		
Perm Plan Date			Date of Removal		
Primary Reason for Foster Care					
Current Placement and Dates					
Were the following people invited, in writing, to attend the permanency planning meeting?			Educational Information		
Were parents notified, in writing, of any changes in the child's placement? If no, what reason?			Health Care Providers		
Child's known diagnosed medical disabilities					
Date of HealthTrack screening			Independent Living Status		

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Strengths Discovery

Basic Needs	Strengths		Needs/Risks/Safety Issues	
Family	Strengths		Needs/Risks/Safety Issues	
Financial/Economic	Strengths		Needs/Risks/Safety Issues	
Educational/Vocational	Strengths		Needs/Risks/Safety Issues	
Community	Strengths		Needs/Risks/Safety Issues	

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Strengths Discovery-Continued

Physical Health	Strengths	Needs/Risks/Safety Issues

Legal	Strengths	Needs/Risks/Safety Issues

Emotional/Behavioral Health	Strengths	Needs/Risks/Safety Issues

Spiritual/Cultural	Strengths	Needs/Risks/Safety Issues

Narrative

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Domain

Family Plan

Strengths

Needs/Risks/Safety Issues

Goal

Tasks	Recipient(s)	Team Member(s)	Start Date	Projected Completion Date

C
C
C
C

Commentary

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Safety Plan

Potential Crisis

Action Steps		Person(s) Responsible	
Action Steps		Person(s) Responsible	
Action Steps		Person(s) Responsible	
Action Steps		Person(s) Responsible	

