

Single Plan of Care

Case Name	Care Plan Effective Date
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Client Name		Date of Birth	
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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	Care Plan Effective Date
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Diagnostic Information

Axis I			
Code		Description	

Axis II			
Code		Description	

Axis III			

Axis IV			
<input type="checkbox"/> Primary Support Group		<input type="checkbox"/> Social Environment	
<input type="checkbox"/> Education		<input type="checkbox"/> Occupation	
<input type="checkbox"/> Housing		<input type="checkbox"/> Economic	
<input type="checkbox"/> Access Health Care		<input type="checkbox"/> Legal System	
Explanation			
Other			

Axis V	GAF		
Date	Score	Psychiatrist/Clinician diagnosing	
Current GAF			
Date	Score with supports		
Date	Score without supports		

Allergies			

Emergency Contact Information			

Physician			

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Out of Home Care				Care Plan Effective Date	
Case Name					
Client Name				Date of Birth	
Non-Child Welfare, if applicable					
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
Spiritual/Cultural	Strengths	Needs/Risks/Safety Issues
Social/Recreational	Strengths	Needs/Risks/Safety Issues
Family	Strengths	Needs/Risks/Safety Issues
Education/Vocational	Strengths	Needs/Risks/Safety Issues

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Strengths Discovery-Continued

Financial/Economic		Strengths		Needs/Risks/Safety Issues	
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Community		Strengths		Needs/Risks/Safety Issues	
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Physical Health		Strengths		Needs/Risks/Safety Issues	
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Legal		Strengths		Needs/Risks/Safety Issues	
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Emotional/Behavioral		Strengths		Need/Risks/Safety Issues	
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Narrative					
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[Empty box]

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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

