

CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Tessie Nimitz		Spouse	Norman Nimitz
		Mother (Birth)	Lisa Nimitz
		Mother (Birth)	Jimmy Nimitz
		Mother (Birth)	Sarah Nimitz
Norman Nimitz		Spouse	Tessie Nimitz
		Father (Birth)	Jimmy Nimitz
		Father (Birth)	Sarah Nimitz
		Father (Step)	Lisa Nimitz

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Lisa Nimitz 0478-4532-7631-400035	11/04/1987	12 Y	F	NJ76891
Jimmy Nimitz 0478-7147-3944-4000034	06/24/1995	5 Y	M	NJ76892
Sarah Nimitz 0478-7147-8766-4000043	03/09/1996	4 Y	F	NJ76893

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Lisa Nimitz	Remain in Home	01/30/2001	08/01/2001
Jimmy Nimitz	Remain in Home	01/30/2001	08/01/2001
Sarah Nimitz	Remain in Home	01/30/2001	08/01/2001

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Tessie Nimitz

SERVICE OBJECTIVES

**Projected Completion
Date**

- | | |
|---|------------|
| <p>1. Develop and use a specific domestic violence Relapse Prevention Plan for yourself.</p> <p style="padding-left: 20px;"><u>Description</u>
Work with the Social Worker to develop and be able to implement a safety plan in the event of a domestic violence incident.</p> | 01/30/2001 |
| <p>2. Do not involve your child(ren) in attempts to control or intimidate your partner.</p> | 01/30/2001 |
| <p>3. Show that you will not permit others to sexually abuse your child(ren).</p> <p style="padding-left: 20px;"><u>Description</u>
Tessie Nimitz will comply with the Father's probation officer and not allow the Father in to the home.</p> | 01/30/2001 |
| <p>4. Do not use physical punishment.</p> | 01/30/2001 |
| <p>5. Take appropriate action to avoid being a victim of further domestic violence.</p> | 01/30/2001 |
| <p>6. Protect your child from emotional harm</p> | 01/30/2001 |

CLIENT RESPONSIBILITIES

- | <u>Activity</u> | <u>Times</u> | <u>Frequency</u> | <u>Completion
Date</u> |
|--|--------------|------------------|----------------------------|
| <p>1. Counseling/Mental Health Services Sexual Abuse</p> <p style="padding-left: 20px;"><u>Description</u>
Attend and complete family sexual abuse treatment with your children. Treatment will continue until the Therapist and Social Worker agree to termination.</p> | 1 | Weekly | 01/30/2001 |
| <p>2. Counseling/Mental Health Services Domestic Violence Program</p> <p style="padding-left: 20px;"><u>Description</u>
Mother will attend and complete a Counseling program for victims of Domestic violence as approved by the SW.</p> | 1 | weekly | 01/30/2001 |

Norman Nimitz

SERVICE OBJECTIVES

Projected Completion Date

- | | |
|---|------------|
| 1. You will comply with all orders of the court. | 01/30/2001 |
| 2. Maintain relationship with your child by following the conditions of the visitation plan. | 01/30/2001 |
| <u>Description</u>
Norman Nimitz will be able to visit Jimmy and Sarah under supervision only at a neutral location as approved by the Social Worker. | |
| 3. Stay sober and show your ability to live free from alcohol dependency. | 01/30/2001 |
| <u>Description</u>
Demonstrate an understanding of how your substance abuse has affected your children and take appropriate steps to assist them in healing. | |
| 4. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests. | 01/30/2001 |
| 5. Interact with your child(ren) without physical abuse or harm. | 01/30/2001 |
| 6. Show that you know age appropriate behavior for your child(ren). | 01/30/2001 |
| 7. Show that you accept responsibility for your actions. | 01/30/2001 |

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Substance Abuse Services	1	Weekly	01/30/2001
<u>Description</u> The Father will attend and complete a substance abuse treatment program. He will also attend weekly N/A meetings and obtain a sponsor.			
2. Substance Abuse Services	1	Weekly	01/30/2001
<u>Description</u> The Father will submit to weekly random drug testing.			
3. Counseling			01/30/2001
<u>Description</u> The Father will attend and complete counseling for Sexual abuse offenders.			
4. Counseling/Mental Health Services	1	weekly	01/30/2001
<u>Description</u> Father will attend and complete a Domestic Violence Program as approved by the SW.			

Lisa Nimitz

SERVICE OBJECTIVES

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/30/2001

Description

2. Attend school regularly. Any absences are to be excused. Only excused absences are acceptable.

01/30/2001

CLIENT RESPONSIBILITIES

Activity

Times

Frequency

Completion Date

1. Counseling/Mental Health Services Sexual Abuse

2

Monthly

01/30/2001

Description

Attend Family Sexual abuse counseling as approved by the Social Worker

Jimmy Nimitz

SERVICE OBJECTIVES

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/30/2001

CLIENT RESPONSIBILITIES

Activity

Times

Frequency

Completion Date

Sarah Nimitz

SERVICE OBJECTIVES

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/30/2001

CLIENT RESPONSIBILITIES

Activity

Times

Frequency

Completion Date

VISITATION SCHEDULE

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

Norman Nimitz, Jimmy Nimitz, Sarah Nimitz

Method

Times

Frequency

Beginning Date

In-Person

(Visits Must Be Supervised)

1

Weekly

08/01/2000

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Perform Case Planning Activities

For Whom

Lisa Nimitz, Jimmy Nimitz, Sarah Nimitz

**Beginning
Date**
08/01/2000

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Lisa Nimitz, Jimmy Nimitz, Sarah Nimitz

Method

In-Person

<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
1	Monthly	08/01/2000

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

Tessie Nimitz, Norman Nimitz

Method

In-Person

<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
1	Monthly	08/01/2000

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

Chris Wallace

SOCIAL WORKER

ER/FM/FR 1

Caseload

(760) 758-7685

Phone Number

DATE

Johannes Troost

SUPERVISOR

(760) 758-6223

Phone Number

DATE