

JUVENILE JUSTICE UPDATED SERVICE PLAN

SECTION I

| | | |
|--------------------------|-------------------------------|---------------|
| Name: | | DOB: |
| DHS Case #: | | Court File #: |
| Date Report Completed: | Report Period: _____ To _____ | |
| Court and Judge | | |
| Acceptance Date: | | |
| Offense Type(s): | | |
| Pending Offense Type(s): | | |

LEGAL STATUS

Select all that apply:

- Current Adjudication in Family Division Circuit Court
- Current Adjudication in Adult Division Circuit Court
- Temporary Court Ward Delinquent
- Permanent Court Ward Abuse/Neglect (PA 296)
- Temporary Court Ward/Neglect Abuse (PA 280)
- Court Ward Supervised Adoption
- State Ward MCI (Act 220)
- State Ward Temporary Observation MCI-O
- State Ward Delinquent (Act 150)
- Dual Wardship (PA 150 & PA 296)
- Dual Wardship (PA 150 & PA 220)
- Other

SECTION II - RISK REASSESSMENT: (Check One)

| | | |
|--|-----------------------------------|-------------------------------|
| Initial Level of Risk for Reoffending | | |
| <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Rate the first four questions the same as rated on the initial risk of youth reoffending assessment | | SCORE |
| 1. Age At First Adjudication | | |
| 16 or over | 0 | |
| 15 | 1 | |
| 12 - 14 | 2 | |
| 11 or under | 3 | |
| 2. Is Either the Current or Most Serious Prior Adjudication for a Robbery or Burglary Offense? | | |
| None | 0 | |
| One | 1 | |
| Both | 2 | |
| 3. Youth has Exhibited Physically Assaultive Behavior | | |
| No | 0 | |
| Yes | 1 | |
| 4. Placed on Probation by Court Prior to DHS Commitment | | |
| No | 0 | |
| Yes | 1 | |

| When scoring the items below, use information and observations made since last assessment. | | |
|--|---|--|
| 5. Arrests | | |
| None..... | 0 | |
| Yes, status offense/misdemeanor..... | 1 | |
| Yes, felony offense | 3 | |
| 6. Response to Supervision | | |
| Positive response; cooperates with worker | 0 | |
| Some problems; occasionally uncooperative | 1 | |
| Major problems; uncooperative..... | 3 | |
| 7. Runaways From Home or Community-Based Placement | | |
| None..... | 0 | |
| One or more | 2 | |
| 8. Current Adjustment to: <input type="checkbox"/> School <input type="checkbox"/> or Employment | | |
| No problems, or problems of a minor nature | 0 | |
| Some attendance problems, short-term suspension/loses job..... | 1 | |
| Major problems; suspended, fired, does not make effort | 2 | |
| 9. Current Drug/Alcohol Use | | |
| No known use or experimentation; use may be suspected but not verified | 0 | |
| Occasional use; causes some disruption in functioning | 1 | |
| Major problems functioning at school, work, or in home | 3 | |
| 10. Current Peer Relationships | | |
| Good support Relationships..... | 0 | |
| No peer-oriented, or some companions with delinquent orientations..... | 1 | |
| Most companions involved in delinquent behavior or gang involvement/membership..... | 3 | |
| TOTAL SCORE | | |

| | | | |
|---|--|--|---|
| Risk of Youth Reoffending Level <input type="checkbox"/> LOW (0-5) <input type="checkbox"/> MODERATE (6-9) <input type="checkbox"/> HIGH (10-23) | Overrides: (Check any that apply) | | Recommended Security Category: |
| | <input type="checkbox"/> DISCIPLINARY RESPITE USED | <input type="checkbox"/> PRODUCTIVITY | <input type="checkbox"/> MAINTAIN CURRENT PLACEMENT LEVEL |
| | <input type="checkbox"/> PEER RELATIONS | <input type="checkbox"/> DISCRETIONARY | <input type="checkbox"/> INCREASE TO: |
| | <input type="checkbox"/> PARENTAL INVOLVEMENT | <input type="checkbox"/> RISK INCREASE | Final Override Level |

**SECTION III
PERMANENCY PLANNING:**

A. FEDERAL GOAL

Appropriate Permanency Plan Goals

- Emancipation by Age 19
- Placement with relative
- Return Home
- Adoption
- Terminate Parental Rights/**Adoption**
- Permanent Foster Family Agreement
- Maintain Placement with Parent(s)
- Guardianship

B. REASONABLE EFFORTS:

It was determined that reasonable efforts were made to prevent or eliminate the need for placement or to allow the youth to return home

"Click Here and Type"

C. COMPELLING REASONS

If the youth has been in out of home care for 15 of the last 22 months and a petition to terminate parental rights has not been filed please indicate the compelling reasons why below:

- Youth is age 14 or over and refuses to consent to adoption.
- Youth's treatment services have not been completed.
- Youth is 18 years of age or older.
- The permanency goal of independence is expected within 18 months.
- There are financial benefits for the child to maintaining parental rights.
- The parent suffers from chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
- There is an appropriate kinship caregiver to care for the child and the kinship caregiver is not willing to adopt the child.
- Child is an unaccompanied refugee minor.
- Other if this is the compelling reason, there must be a clear documentation within the service plan of the individual circumstances of the child that necessitates this selection.

During the rating period, was the youth eligible for de-escalation or escalation?

Yes No

SECTION IV

VICTIM RESTITUTION REQUIREMENT:

Is there a Victim Restitution order in effect? Yes No
 If yes, is payment being made? Yes No Deferred at Present
 If no, report of the arrearage and any known reasons for the arrearage have been sent to the court and the Prosecuting Attorney on: _____.

VICTIM NOTIFICATION:

Has Victim Notification been requested Yes No N/A
 If yes, has there been a change in circumstances that warranted notification? Yes No
 If yes, notice was provided on: _____.

SEX OFFENDER REGISTRATION:

Has youth been advised of Sex Offender Registration Requirement? Yes No N/A

DNA PROFILE COMPLETED? Yes No N/A

PARENT NOTIFICATION:

The next court hearing/progress review will be _____.

SOCIAL WORK CONTACTS:

| Date | Type of Contact: In Person/Phone | Person Contacted | Comments |
|------|----------------------------------|------------------|----------|
| | | | |

Provided relative caregiver with DHS Publication 457 "Relative Caregiver Resources & Responsibilities" See JJ4 430 Yes No NA

SECTION V

PLACEMENTS: CHANGES, CURRENT, PROJECTED:

The youth is placed: Out of Home In Home

The youth was placed at: _____ on _____.

It is anticipated that _____ will remain in this placement until _____ or until the treatment goals are satisfied.

It is expected that the next placement will be

"Click Here and Type"

This placement is the least restrictive placement available to best meet the youth's needs based on the youth's committing offense, risk of re-offending and strengths/needs assessment. It is the placement in closest proximity to the youth's parents to facilitate visitation and involvement in planning based on the availability of placement and the youth needs.

Placement Changes During This Report Period: None Changed

_____ From _____ To _____

DIFFICULTY OF CARE JUSTIFICATION:

"Click Here and Type"

PROGRESS REPORT: Youth Accountability

"Click Here and Type"

SECTION VI – TREATMENT PLAN:

The permanency planning goal is

"Click Here and Type"

month

year

"Click Here and Type"

This treatment plan is developed to assure that each child will receive appropriate, safe and proper care and services by the following activities. The worker will provide assurance of the best possible care by maintaining contact with the accepting facility, by participating in the development of the service plans and treatment goals, by attending conferences, and participating in the after care planning.

Yes No

Goals should be broad based general statements of what the youth and family need to address identified problem areas or support strength areas.

OBJECTIVES:

Most goals will need incremental objectives or outcomes desired to meet the broad based goals. These could be considered the small successes that a youth or family could experience on the way toward meeting the over all goal.

INDICATORS:

A statement of how the observer will be able to tell when the objectives have been attained.

TIME FRAMES:

Each objective or goal should have a deadline set for attainment. These time frames hold the staff to some expectation and mandate attention to the point of at least changing the time frame when it is not met.

D1 Family Relationships

Does youth have an identified family? Yes No. if No, do not answer this question or any subsequent question for family.

| | |
|--------|--|
| Family | |
|--------|--|

"Click Here and Type"

- Youth's family is not supportive of Treatment Youth's family will impede treatment process

I. Family Relationships Goal(s):

"Click Here and Type"

- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D2 Emotional Stability

| | |
|--------|--|
| Family | |
| Youth | |

"Click Here and Type"

| Family | Youth | Family | Youth |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Suicide Documented Attempt(s) | <input type="checkbox"/> | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> |
| <input type="checkbox"/> Attempts within 1 yr | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Attempts within 2 yrs | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Suicide Posturing/Gestures | <input type="checkbox"/> | <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> |
| <input type="checkbox"/> Severe Mood Swings | <input type="checkbox"/> | <input type="checkbox"/> Psychotropic Medication | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Gratification) | <input type="checkbox"/> | <input type="checkbox"/> A.D.H.D. | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Retaliation) | <input type="checkbox"/> | <input type="checkbox"/> Anti-depressant | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Accidental) | <input type="checkbox"/> | <input type="checkbox"/> Anti-psychotic | <input type="checkbox"/> |
| <input type="checkbox"/> Self-Mutilation | <input type="checkbox"/> | <input type="checkbox"/> Combination of Type | <input type="checkbox"/> |
| <input type="checkbox"/> Active/Recent | <input type="checkbox"/> | <input type="checkbox"/> Abuse of Animals | <input type="checkbox"/> |
| <input type="checkbox"/> Required Professional/Medical Attention | <input type="checkbox"/> | <input type="checkbox"/> Enuresis (related to emotional conditions) | <input type="checkbox"/> |
| <input type="checkbox"/> Truancy/Escapes (Community Based) | <input type="checkbox"/> | <input type="checkbox"/> Manipulation of Bodily Fluids (smearing etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> Truancy/Escapes (Placement) | <input type="checkbox"/> | | |

What was the security level escape was from? Low OM CM H

I. Emotional Stability Goal(s):

"Click Here and Type"

- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D3 Substance Abuse

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

For the youth and family, indicate which, if any, of the following behaviors or descriptions apply:

| | | | |
|---|--------------------------|---|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Denial | <input type="checkbox"/> | <input type="checkbox"/> Prior Treatment Failures | <input type="checkbox"/> |
| <input type="checkbox"/> Refusal of treatment | <input type="checkbox"/> | <input type="checkbox"/> Selling drugs | <input type="checkbox"/> |

Describe substance use/abuse noted above by type (check all that apply, leave blank if none):

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Youth | Family | Youth | Family | Youth | Family |
| <input type="checkbox"/> |
| | Cocaine | | Amphetamine | | PCP |
| <input type="checkbox"/> | Heroin | <input type="checkbox"/> | Marijuana/Cannabis | <input type="checkbox"/> | Inhalants |
| <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | Prescription Medicine | <input type="checkbox"/> | LSD |
| <input type="checkbox"/> | Injects any substance | <input type="checkbox"/> | Cigarette Use | | |
| | | <input type="checkbox"/> | Other _____ | | |

I. Substance Abuse Goal(s):

"Click Here and Type"

- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D4 Social Relations

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

If the youth and/or family member is physically aggressive, indicate the nature of the behavior in the checkboxes below.

Indicate which items apply.

| | | | |
|--|--------------------------|--|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Oppositional | <input type="checkbox"/> | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> |
| <input type="checkbox"/> Intimidating/threatening (non-physical) | <input type="checkbox"/> | <input type="checkbox"/> Provoked | <input type="checkbox"/> |
| <input type="checkbox"/> Predatory (Non-Sexual) | <input type="checkbox"/> | <input type="checkbox"/> Unprovoked | <input type="checkbox"/> |
| <input type="checkbox"/> Socially Withdrawn | <input type="checkbox"/> | <input type="checkbox"/> Adults | <input type="checkbox"/> |
| | | <input type="checkbox"/> Peers | <input type="checkbox"/> |
| | | <input type="checkbox"/> Persistent | <input type="checkbox"/> |
| | | <input type="checkbox"/> Occasional | <input type="checkbox"/> |

Weapon

- I. Social Relations Goal(s):
"Click Here and Type"
 - A. Objective(s):
"Click Here and Type"
 - B. Time Frames:
"Click Here and Type"
 - C. Indicators:
"Click Here and Type"
 - D. Individual(s) Responsible:
"Click Here and Type"

D5 Education Special Education (Check One)

Yes No

If yes:

Date: _____

School: _____

School District: _____

Check all that apply for youth

- Emotionally Impaired: EI Rule 340.1706
- Cognitively Impaired: CI Rule 340.1750
- Otherwise Health Impaired: OHI Rule 340.1709(a)
- Speech and Language Impaired: SLI Rule 340.1710
- Learning Disabled: LDI Rule 340.1713
- Traumatic Brain Injury: TBI Rule 340.1716
- Hearing Impaired: HI Rule 340.1707
- Autistic: AI Rule 340.1715
- Visually Impaired: VI Rule 340.1708
- Physically Impaired: PI Rule 340.1709

| | |
|-------|--|
| Youth | |
|-------|--|

Explain the reason for scoring in the space provided.

"Click Here and Type"

- For the youth, indicate which, if any, of the following behaviors or descriptions apply:
 - Youth's IQ 50 – 70
 - Youth's IQ 70+
 - Suspension
 - Graduated: Date Diploma Received: _____
 - Truancy from School
 - Expelled
 - GED: Date Received: _____
 - On Ground School
 - Disruptive Behavior
 - Drop Out
 - Off Ground School

- I. Education Goal(s):
"Click Here and Type"
 - A. Objective(s):
"Click Here and Type"
 - B. Time Frames:
"Click Here and Type"
 - C. Indicators:
"Click Here and Type"
 - D. Individual(s) Responsible:
"Click Here and Type"

D6 Victimization

| | |
|--------|--|
| Family | |
| Youth | |

"Click Here and Type"

- | | | | | | |
|--------------------------|---------------------|--------------------------|--------------------------|--|--------------------------|
| Family | | Youth | Family | | Youth |
| <input type="checkbox"/> | Neglect | <input type="checkbox"/> | <input type="checkbox"/> | Seeks to be victimized as a result of past abuse | <input type="checkbox"/> |
| <input type="checkbox"/> | Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Sexually Assaulted by person not responsible for care of youth | <input type="checkbox"/> |
| <input type="checkbox"/> | Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Bullying | <input type="checkbox"/> |
| <input type="checkbox"/> | Sexual Exploitation | <input type="checkbox"/> | | | |

- I. Victimization Goal(s):
"Click Here and Type"
 A. Objective(s):
"Click Here and Type"
 B. Time Frames:
"Click Here and Type"
 C. Indicators:
"Click Here and Type"
 D. Individual(s) Responsible:
"Click Here and Type"

D7 Sexuality

| | |
|--------|--|
| Family | |
| Youth | |

"Click Here and Type"

- | | | | | | |
|--------------------------|-------------------------------|--------------------------|--------------------------|--|--------------------------|
| Family | | Youth | Family | | Youth |
| <input type="checkbox"/> | Gender Identity Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Predatory Sexual Behavior, Opposite Sex | <input type="checkbox"/> |
| <input type="checkbox"/> | Inappropriate Sexual Behavior | <input type="checkbox"/> | <input type="checkbox"/> | Predatory Sexual Behavior, Same Sex | <input type="checkbox"/> |
| <input type="checkbox"/> | Incest | <input type="checkbox"/> | <input type="checkbox"/> | Prostitution | <input type="checkbox"/> |
| <input type="checkbox"/> | Multiple Perpetrator Involved | <input type="checkbox"/> | <input type="checkbox"/> | Sexually Reactive | <input type="checkbox"/> |
| <input type="checkbox"/> | Pedophile | <input type="checkbox"/> | <input type="checkbox"/> | Violence/force | <input type="checkbox"/> |
| <input type="checkbox"/> | Identifies as Gay | <input type="checkbox"/> | <input type="checkbox"/> | Weapon | <input type="checkbox"/> |
| <input type="checkbox"/> | Identifies as Bisexual | <input type="checkbox"/> | <input type="checkbox"/> | Needs sex offender step down program | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | Accepts responsibility for adjudicated offense | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | Willing to participate in treatment | <input type="checkbox"/> |

- I. Sexuality Goal(s):
"Click Here and Type"
 A. Objective(s):
"Click Here and Type"
 B. Time Frames:
"Click Here and Type"
 C. Indicators:
"Click Here and Type"
 D. Individual(s) Responsible:
"Click Here and Type"

D8 Life Skills/Functional Independence

| | |
|--------|--|
| Family | |
| Youth | |

"Click Here and Type"

- I. Life Skill Goal(s):
"Click Here and Type"
- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

The youth's above transitional living plan must include the following:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vocational Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social skills |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Information on how to obtain and maintain housing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Economic self sufficiency |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ability to manage resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employment Opportunities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sufficient living skills to live independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Realistic goals and expectations | | | |

If no to any of the above, explain why not.

"Click Here and Type"

D9 Employment Is Youth 16 years of age or older **Yes** **No. If yes, score below.**

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

- I. Employment Goal(s):
"Click Here and Type"
- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D10 Health Care/Hygiene

| | |
|--------|--|
| Family | |
| Youth | |

"Click Here and Type"

| Family | Youth | Family | Youth |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> |
| <input type="checkbox"/> Blind | <input type="checkbox"/> | <input type="checkbox"/> Diabetic | <input type="checkbox"/> |
| <input type="checkbox"/> Closed head injury | <input type="checkbox"/> | <input type="checkbox"/> Insulin Dependent | <input type="checkbox"/> |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> | <input type="checkbox"/> Controlled by medication and diet | <input type="checkbox"/> |
| <input type="checkbox"/> Disabled Physically | <input type="checkbox"/> | <input type="checkbox"/> Uncooperative with Treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> | <input type="checkbox"/> Brittle Bone Disease | <input type="checkbox"/> |
| <input type="checkbox"/> Has had previous intervention | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (1 st Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (2 nd Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Controlled with medication | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (3 rd Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> | <input type="checkbox"/> Terminal Illness | <input type="checkbox"/> |
| <input type="checkbox"/> Controlled with medication | <input type="checkbox"/> | <input type="checkbox"/> Wheelchair Bound | <input type="checkbox"/> |
| <input type="checkbox"/> Epileptic Seizures (Medically Controlled) | <input type="checkbox"/> | <input type="checkbox"/> 24 hour Nursing Needed | <input type="checkbox"/> |
| <input type="checkbox"/> Epileptic Seizures (Uncontrolled) | <input type="checkbox"/> | | |

- I. Health Care/Hygiene Goal(s):
"Click Here and Type"
- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D11 After Care Living Situation

| | |
|-------|--|
| Youth | |
|-------|--|

Explain the reason for scoring in the space provided.

"Click Here and Type"

For the youth, indicate which, if any, of the following behaviors or descriptions apply:

- Youth has reintegration plan in place

- I. After Care Goal(s):
"Click Here and Type"
- A. Objective(s);
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D12 Any Additional Needs that were not addressed.

"Click Here and Type"

Based on this assessment, identify the priority needs and strengths of the youth below (indicate D code and title of the item). The

priority needs and strengths must be addressed in the goals and objectives for the youth.

| Needs | Strengths |
|-------|-----------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Based on this assessment, identify the priority needs and strengths of the family below (indicate D code and title of the item). The priority needs and strengths must be addressed in the goals and objectives for the family.

| Needs | Strengths |
|-------|-----------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

**SECTION VII –
WORKER RECOMMENDATIONS:**

"Click Here and Type"

VISITATION:

1. Specify frequency, location and duration of parent, youth and sibling visitation.

"Click Here and Type"

2. Select appropriate JJS involvement in visitation plan.

- Monthly (youth in community placement)
- Bi-monthly (youth in residential or another county)
- Weekly by phone and monthly face-to-face (youth in detention)

DISTRIBUTION OF PLAN:

"Click Here and Type"

Juvenile Justice Specialist

Load Number

Date

Specialist Signature

Supervisor Name

Date

Supervisor Signature