

## YUROK PREVENTION CASE PLAN

The child/youth and family has been assessed for candidacy and determined to benefit from Yurok Prevention Services. Preliminary review indicates the child/youth/family need the services indicated to prevent the child/youth's entry or re-entry into foster care.

Yurok Tribe Legal Number (if applicable):		Date of Report (if applicable):	
<u>Child(ren)</u>	<u>DOB</u>	<u>AGE</u>	<u>(OPD)</u>

Yurok Tribe Social Worker (name):

Current Placement:

Parent 1 Name:

Birth Date:

Address:

Tribal Affiliation:  Enrolled  Eligible for Enrollment

Parent 2 Name:

Birth Date:

Address:

Tribal Affiliation:  Enrolled  Eligible for Enrollment

Description of the circumstances of the family that caused the determination for the family's candidacy for prevention services (include why the services below are justified in addressing the family's needs that resulted in candidacy):

Child/Youth:

- Family Functional Therapy
- Motivational Interviewing (SUD)
- Motivational Interviewing (Case Management Intervention)

Parents as Teachers

Other:

Compliance:  Full  Partial  None

Chemical Dependency Services for the child/youth:

Assessment/Evaluation

Treatment (if necessary)

Compliance:  Full  Partial  None

Date court ordered: \_\_\_\_\_ Date completed: \_\_\_\_\_

The child/youth will be provided the opportunity to participate in cultural enrichment activities provided by the Tribe and the Community.

Juvenile/criminal legal issues. Explain: \_\_\_\_\_

Compliance:  Full  Partial  None

Date court ordered: \_\_\_\_\_ Date completed: \_\_\_\_\_

Other Services for child/youth: \_\_\_\_\_

Compliance:  Full  Partial  None

Date court ordered: \_\_\_\_\_ Date completed: \_\_\_\_\_

Discuss the appropriateness of services that have been provided to the child:

Health:

Date of most recent Health and Education Record:

Date of most recent well-child check:

Is child/youth up-to-date on immunization:  Yes  No. If no, explain:

Is child/youth taking any medications:  No  Yes, list medications:

Date of most recent dental check-up:

Plan to address any other medical/dental need is:

Education:

Attending school at:

Grade Level:

Academic performance:

- Below grade level
- At grade level
- Above grade level

Attendance issues:  No  Yes (If yes, explain):

Behavioral issues:  No  Yes (If yes, explain):

IEP or other special educational services:  No  Yes (If yes, explain):

Plan to address any other educational needs:

Summary of child/youth's current circumstances:

Parent:

- Family Functional Therapy
- Motivational Interviewing (SUD)
- Motivational Interviewing (Case Management Intervention)
- Parents as Teachers
- Other:

Compliance:  Full  Partial  None

Chemical Dependency: Parent will complete a chemical dependency assessment and follow through will all recommendations.

Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

- Domestic Violence services for the parent:

Counseling: \_\_\_\_\_  
\_\_\_\_\_

Classes: \_\_\_\_\_  
\_\_\_\_\_

Complete a DV Assessment and follow through with any recommendations.

Restraining Orders/Protection Orders:

Date issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Others: \_\_\_\_\_

Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

Parenting Skills services for parent:

Parenting Assessment

Age appropriate Parenting

Classes: \_\_\_\_\_

Other: \_\_\_\_\_

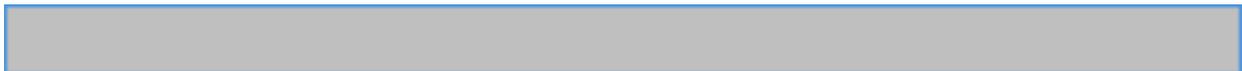
Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

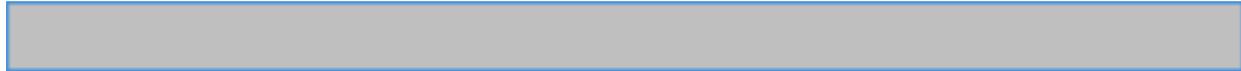
Other: \_\_\_\_\_

\_\_\_ Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_



Summary of Parent's Current Circumstances:



Second Parent:

- Family Functional Therapy
- Motivational Interviewing (SUD)
- Motivational Interviewing (Case Management Intervention)
- Parents as Teachers
- Other:

Compliance:  Full  Partial  None

Chemical Dependency: Parent will complete a chemical dependency assessment and follow through will all recommendations.

Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

Domestic Violence services for the parent:

Counseling: \_\_\_\_\_  
\_\_\_\_\_

Classes: \_\_\_\_\_  
\_\_\_\_\_

Complete a DV Assessment and follow through with any recommendations.

Restraining Orders/Protection Orders:

Date issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Others: \_\_\_\_\_

Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

Parenting Skills services for parent:

Parenting Assessment

Age appropriate Parenting

Classes: \_\_\_\_\_

Other: \_\_\_\_\_

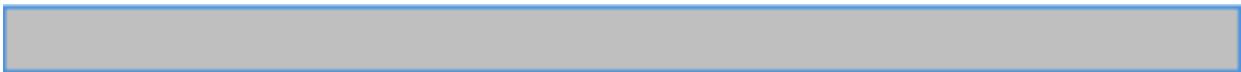
Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_

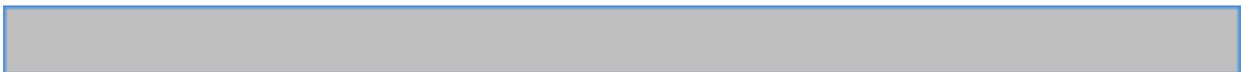
Other: \_\_\_\_\_

\_\_\_ Compliance:  Full  Partial  None

Date completed: \_\_\_\_\_



Summary of Second Parent's Current Circumstances:



## TCWBH Responsibilities

- Chemical Dependency: UIHS, K'ima:w
- Refer parent(s)
- Refer youth
- Help in scheduling appointments with appropriate people.
- Check on reports
- Help in finding alternate resources, if needed
  
- Mental Health: UIHS, K'ima:w, YBH
- Refer parent(s)
- Refer youth
- Help in scheduling appointments with appropriate people
- Check on reports.
- Help in finding alternate resources, if needed
  
- Domestic Violence: Domestic Violence Victim's Advocate at the Yurok Tribe and/or DV services within the county or another tribe
- Refer parent(s) to Domestic Violence Victim's Advocate
- Help in filing Protection Orders if needed, for protection of child(ren)
- Other: \_\_\_\_\_
  
- Parenting Skills:
- Help in accessing services to address parenting skills.
- Other: \_\_\_\_\_



Parent 1: \_\_\_\_\_  
Date: \_\_\_\_\_

Name

Parent 2: \_\_\_\_\_  
Date: \_\_\_\_\_

Name