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Wayne County Department of Children and Family Services  
**INITIAL PROBATION SUPERVISION AND SERVICES PLAN**

Level 1 Probation (In-Home) ☐ Level 2 Probation (Out-Of-Home) ☐



SECTION I: Identifying Information:									
Name of Juvenile: Hudson, Tanaiah				Date of Birth: 4/26/2002			Most Recent Court Disposition Date:		
Name of Jurist:				JAIS #: 0618346342			Court ID #: 00000000		
CMO:				Next Review Hearing Date:			Highest Adjudicated Offense:		
Parent / Guardian									
<a href="#">Click here to add</a> (Click heading to sort.)									
Name of Case Manager:				Report Period Date Range:			Title IV-E Eligible:		
				to					
SECTION II: PROBATION STATUS and RISK LEVEL:									
Level 1 Probation (In-Home):				Level 2 Probation Security Level:					
<input checked="" type="radio"/> Fixed-Term Ending <input type="radio"/> Indeterminate Term									
Probation 1 Risk Level:				Probation 2 Risk Level:					
Specific Requirements in Original Court Order:									
Restitution Date:				Victim Notification Requested:					
Restitution Ordered:\$				<input type="radio"/> Yes <input type="radio"/> No					
Sex Offender Registration Required?:				Has Youth Been Advised of Sex Offender Registration?:					
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A					

SECTION III: OFFENSE AND PLACEMENT HISTORY				
<b>Offense Information</b>				
Offense Date	Committing Offense	Offense	Disposition	Adj. Date
Only: <input type="text" value="(Please select)"/>			Planned Placement Provider (Level 2) <input type="text"/>	
			Projected Start Date: <input type="text"/>	
<b>Placement History</b>				
Provider	Start Date	Stop Date	LOS	
SECTION IV: SOCIAL HISTORY AND FAMILY ASSESSMENT				
<input type="checkbox"/> JAC Social History Assessment <input type="checkbox"/> COPIES ATTACHED AND RECORDED ON THE JUVENILE AGENCY INFORMATION SYSTEM				
SECTION V: STRENGTHS AND NEEDS ASSESSMENT				
A baseline needs assessment is required for each youth. Strength/Needs Assessment CAFAS Scores				
Child and Adolescent Functional Assessment Scale (CAFAS)				
Sub-Scale Item			Score	
School/Work				
Home				
Community				
Behavior Towards Others				
Moods/Emotions				
Self-Harm Behavior				
Substance Abuse				
Thinking				
Total Score				

SECTION VI: PLANNED AND COMPLETED SERVICES					
Check Box "C" for Each Service Completed or Box "P" for Each Service Juvenile is Participating in (But Not Yet Completed)					
"C"	"P"	Service Element	"C"	"P"	Service Element
<input type="radio"/>	<input type="radio"/>	Counseling	<input type="radio"/>	<input type="radio"/>	Sex Education
<input type="radio"/>	<input type="radio"/>	Anger Management/Conflict Resolution	<input type="radio"/>	<input type="radio"/>	Life Skills
<input type="radio"/>	<input type="radio"/>	WEB Spot Check	<input type="radio"/>	<input type="radio"/>	Substance Abuse Education
<input type="radio"/>	<input type="radio"/>	Health Screening	<input type="radio"/>	<input type="radio"/>	Academic Tutoring
<input type="radio"/>	<input type="radio"/>	Random Drug Use Screens	<input type="radio"/>	<input type="radio"/>	After School Program
<input type="radio"/>	<input type="radio"/>	Sports and Recreation	<input type="radio"/>	<input type="radio"/>	Family Counseling
<input type="radio"/>	<input type="radio"/>	Mentoring	<input type="radio"/>	<input type="radio"/>	Community Service
<input type="radio"/>	<input type="radio"/>	Vocational Training	<input type="radio"/>	<input type="radio"/>	Electronic Monitoring (Tether)
<input type="radio"/>	<input type="radio"/>	Psychotherapy	<input type="radio"/>	<input type="radio"/>	Supervised Independent Living
<input type="radio"/>	<input type="radio"/>	Wraparound (SED/Mental Health Provider)	<input type="radio"/>	<input type="radio"/>	Sex Offender Treatment
			<input type="radio"/>	<input type="radio"/>	Other

**SECTION VII: CASE MANAGEMENT / SUPERVISION / SERVICES SUMMARY**  
In this section, present narrative that describes the plan for supervision and services.







For Level 1 Probation describe how / why services are necessary to reduce risk factors and prevent the removal of the juvenile from his home. State the potential placement plan (i.e., level of care) in the event that removal becomes necessary.

	     
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For Level 1 Probation describe educational/vocational plan/school name. List date of initial visit to the juvenile's school/employer.

	     
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For Level 2 Probation describe the placement plan and estimated LOS. Describe the preliminary Post-Care plan.

	     
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Describe base-line drug screen results and plans for ongoing substance abuse screens

	     
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Indicate and Describe the "Care Path" selected for the juvenile

Define measurable service objectives and resources and strategies to support goal attainment.

Describe any special needs the youth has and services provided to address those needs

Describe the parents/guardians/families commitment to participate in the treatment process

Describe any restitution requirements and juvenile's plan to fulfill his/her obligation.

SECTION VIII: PERMANENCY PLAN AND TITLE IV-E (LEVEL 2 ONLY)		
The permanency plan goal is: <input style="width: 150px;" type="text"/>		
The timeframe is: <input style="width: 150px;" type="text"/>		
"Contrary to the Welfare" was determined as: <input style="width: 100px;" type="text"/>	"Reasonable efforts" to prevent placement: <input style="width: 100px;" type="text"/>	
SECTION IX: CRISIS AND VISITATION CONTACT PLAN		
<input type="checkbox"/> Describe plan for managing crisis events: <input style="width: 450px; height: 30px;" type="text"/>		
Describe Case Management contact plan (frequency). Describe contacts that will be performed by the JAC, YAP, CMH provider or other community (if applicable) <input style="width: 450px; height: 30px;" type="text"/>		
SECTION X: YOUTH AND PARENT INPUT INTO PLAN		
<input type="checkbox"/> Youth Input <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Parent/Guardian Input <input style="width: 100px;" type="text"/>	
SECTION XI: CASE NOTES		
<a href="#">Click for Case Notes</a>		
SECTION XII: SIGNATURES AND CERTIFICATION		
Parent/Guardian Signature & Date:		Juvenile's Signature & Date:
<input style="width: 150px;" type="text"/>		<input style="width: 150px;" type="text"/>
Case Manager Signature & Date :	Case Manager's Phone Number:	CMO Supervisor's Signature & Date Approved:
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

**Note:** This report is not provided to the Court. Report must be completed 21 calendar days from the disposition date.

No signatures--new form  
 Signature:   
☐ Check here to lock the form