

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

Level 1 Probation (In-Home)		Level 1 Probation (Out-Home)																	
SECTION I: Identifying Information																			
Name of Juvenile: <b>Menendez, Nolan</b>		Date of Birth: <b>2/25/2000</b>	Most Recent Court Disposition Date:																
Name of Jurist:		JAMS #: <b>0618346073</b>	Court ID #: <b>00000000</b>																
CMO: <b>City of Westland (YAP)</b>		Next Review Hearing Date:	Highest Adjudicated Offense:																
<b>Parent / Guardian</b>																			
<a href="#">Click here to add</a> (Click heading to sort.)																			
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Menendez, Carrie</b></td> <td><b>Biological Parent</b></td> <td><b>Yes</b></td> <td></td> <td></td> <td></td> <td><b>734 329-1460</b></td> <td><b>4475 S. Merriman Westland MI 48188</b></td> </tr> </table>												<b>Menendez, Carrie</b>	<b>Biological Parent</b>	<b>Yes</b>				<b>734 329-1460</b>	<b>4475 S. Merriman Westland MI 48188</b>
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Name of Case Manager:		Report Period Date Range: <div> <input type="text"/>  to <input type="text"/> </div>	Title IV-E Eligible:																
SECTION III: PROBATION STATUS and RISK LEVEL																			
Level 1 Probation (In-Home): <input type="radio"/> Fixed-Term Ending <input type="text"/> <input type="radio"/> Indeterminate Term		Level 2 Probation Security Level:																	
Probation 1 Risk Level:		Probation 2 Risk Level:																	
Specific Requirements in Original Court Order: <div> <input type="text"/> </div>																			
Restitution Date: Restitution Ordered: \$		Victim Notification Requested <input type="radio"/> Yes <input type="radio"/> No																	
New Convictions this Report Period? <input type="radio"/> Yes <input type="radio"/> No																			

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				
An updated needs assessment is required for each youth. <u>Strengths/Needs Assessment CAFAS Scores</u>				
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, attach 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 2 Probation describe the placement plan and estimated LOS. Describe the preliminary Post-Care plan.

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

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Describe educational/vocational progress.

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Describe progress with any restitution requirements and plan to fulfill obligation.

**SECTION VII: PERMANENCY PLAN AND TITLE IV-E (LEVEL 2 ONLY)**

The permanency plan goal is:

The timeframe is:

"Contrary to the Welfare" was determined as:

"Reasonable efforts" to prevent placement:

**SECTION IX: CRISIS AND VISITATION CONTACT PLAN**

☐ Describe plan for managing crisis events:

Describe Case Management contact plan (frequency). Describe contacts that will be performed by the JAC, YAP, CMH provider or other community (if applicable)

**SECTION X: YOUTH AND PARENT INPUT INTO PLAN**

☐ Youth Input

☐ Parent/Guardian Input

**SECTION XI: CASE NOTES**

[Click for Case Notes](#)

**SECTION XII: SIGNATURES AND CERTIFICATION**

Parent/Guardian Signature & Date:

Juvenile's Signature & Date:

Case Manager Signature & Date :

Case Manager's Phone Number:

CMO Supervisor's Signature & Date Approved:

**Note:** This report is not provided to the Court. Report must be completed 90 calendar days from the PSSP or last UPSSP.

No signatures--new form

Signature:

☐ Check here to lock the form