

WINNIPEG CHILD & FAMILY SERVICES BRANCH

Case Reference:

Assigned Worker:

CIC File Number:

Date Completed:
(Date reviewed with child):

Please use a separate case plan document for each child.

{Insert Child's Name} CHILD CASE PLAN

Vision/Goal: *(This statement should express the family's vision of what they will look like, how they will function, what they will be able to accomplish when things are better.)*

{Insert Narrative Here}

CHILD CASE PLAN (insert child's name in title)				
Priority Need	What are we worried about (behavioural detail) and why? (impact on child)	Objectives What behaviours do we need to see instead?	Actions/Services How will this get done and by whom?	By When

Caregiver: _____ **Date:** _____
 {Insert Name of Caregiver}

Caregiver: _____ **Date:** _____
 {Insert Name of Caregiver}

Youth: _____ **Date:** _____
 {Insert Name of Youth}

Social Worker: _____ **Date:** _____
 {Insert Name of Social Worker}

Supervisor: _____ **Date:** _____
 {Insert Name of Supervisor}

Unit Name: {Insert Name of Unit}
Office Location: {Insert Office Address}