Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TWIST #\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-site worker/county:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content to be Covered**

1. Who are the household members (list all individuals living in the home)?
2. What are the strengths of the family?
3. List date of most recent:  
   Face-to-face contact (Parent 1)):       (Parent 2):        
   Children:        
   Investigative assessment:         
   Ongoing assessment:         
   Case plan entered in TWIST:        
   FTM (if applicable):
4. What safety risks were identified with the family resulting in a case being opened (FLO)?
5. What services, including Family First Prevention Services, are in place to reduce the risk or future maltreatment?
6. What adult, high-risk patterns were identified, (i.e., substance abuse, domestic violence, mental health, etc.)?
7. What services are in place for each adult to address high-risk patterns (ILO)?
8. What progress has been made by the family to reduce high-risk patterns and safety concerns?

* Parent 1:
* Parent 2:
* Other caregiver:

1. Is the case court active?  Yes  No  
   If yes, please list any court ordered specifics that would impact the case:
2. What are the final tasks that need to be completed on the case plan for the case to be closed?
3. What does the family see as barriers to case closure and how do they believe these barriers may be overcome?
4. What does the SSW see as barriers to case closure and how do they believe these barriers may be overcome?
5. What is the projected date of case closure (if applicable)?
6. What community resources or prevention services does the family need to be linked to prior to case closure?

**ACTION PLAN**

***(include specific tasks, individuals assigned, timeframes, and required follow-up)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Action** | **Responsible Party** | **Due Date** | **Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Social Service Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_

Regional Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_ Last Review: \_\_\_\_\_\_\_\_\_\_\_\_ Next Review: \_\_\_\_\_\_\_\_\_\_\_