

INDIVIDUALIZED ADVOCACY and ACTION PLAN

**CASE NAME/
CAUSE NUMBER:**

**CASA's NAME:
CASA of Liberty/Chambers Counties**

**NAME OF CHILD
CHILDREN:**

Contact frequency:

**Date opened:
Date closed:**

THE CASA ADVOCATE AGREES TO:

- Conduct a thorough, independent investigation on the basis of independently obtained information.
- Create a specialized case plan based on the unique needs of the child(ren) and family.
- Maintain confidentiality of all information regarding the case.
- Complete required documentation including records of contact, regular contact with Advocate Coordinator, monthly reports to CASA and Court Reports.
- Utilize support and supervision provided by Advocate Coordinator.
- Follow the CASA program's policies and procedures at all times.

THE CASA ADVOCATE COORDINATOR AGREES TO:

- Provide supervision and support to facilitate the work of the volunteer.
- Maintain good working relationships with the Court, attorney and the Department of Family and Protective Services.
- Follow the CASA program's policies and procedures at all times.

This INDIVIDUALIZED ADVOCACY and ACTION PLAN has been agreed upon by:

CASA ADVOCATE : _____ DATE: _____

ADVOCATE COORDINATOR: _____ DATE: _____

*Preferred phone: () - _____

1. PLAN FOR VISITING CHILDREN:

Visit/observe children at their placement 1x every Month.

Visit/observe children at school 1x every 3 months.

Visit/observe children at daycare 1x every 3 months.

2. PLAN FOR MEETING PARENTS:

Visit/observe parents when visiting children at CPS Office.

Monitor parents' compliance with Treatment Plan via treatment providers.

3. PLAN FOR MEETING RELATIVES:

Advocate for an attend Family Group Conference.

Advocate for Circle of Support.

4. PLAN FOR MEETING WITH CHILD CARE PROVIDERS:

Visit with Foster Parents when visiting the children 1 x/month.

Phone contact to Foster Parents 1x every Month.

In-person contact with daycare staff 1x every 3 months (when visiting children).

Phone contact with daycare staff 1x every 3 months.

5. PLAN FOR MEETING WITH SCHOOL PERSONNEL:

In-person contact with school personnel 1x every 3 months (when visiting children).

Phone contact with school personnel 1x every 3 months.

6. PLAN FOR MEETING WITH HEALTH AND MENTAL HEALTH CARE PROVIDERS:

Advocate for and verify all children have a medical passport as soon as possible.

Monitor children's medical and mental health status via treatment providers.

Phone contact to children's therapist 1x every 2-3 months.

7. CONTACT WITH PROFESSIONALS (CPS worker, AAL, attorneys):

Phone contact or email to caseworker 1x every Month.

Phone contact or email to AAL 1x every Month.

Attend all CPS staffings. (First one will be on _____.)

Attend any staffings held by other agencies/schools in relation to the children.

8. ADDITIONAL CASE CONCERNS TO BE ADDRESSED:
