

CASE PLAN RECORD

Household ID: _____

Case Worker: _____

Date: _____



IMPORTANT! The Case Plan Record contains private information. Keep the case plan record in the case file in a secure location.

HOUSEHOLD STRENGTHS

Identify one human asset, one physical asset and one psychosocial asset this family has and uses.

EMERGENCY NEEDS AND REFERRALS

If any of these are true for any family member, please report to the LIP.

<input type="radio"/> Child 0-5 malnourished	Refer to facility :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> Child-headed household	Refer to child protection services	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> Child/adolescent violence	Link to adult caregiver :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> Child/adolescent sexual abuse	Refer to child protection services	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> HIV+ and not linked to facility	Refer to facility :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> High risk and not tested	Refer to facility :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> HIV+ and not taking ART	Refer to facility :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed
<input type="radio"/> High viral load	Refer to facility :	<input type="radio"/> Referred on : _____ <input type="radio"/> Action taken (in progress)	<input type="radio"/> Completed



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

4Children
Coordinating Comprehensive Care for Children



PRIORITY NEEDS

Not able to meet basic needs	<input type="radio"/>
No income source/livelihood	<input type="radio"/>
Cannot pay medical or HIV-related expenses	<input type="radio"/>
Not enrolled in national safety net program(s)	<input type="radio"/>
No productive assets	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
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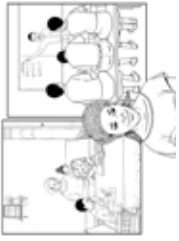
SERVICES & REFERRALS

	Tick if family is taking action		Specify who or where.	Tick when complete.	
	Referred on	Completed on		Referred on	Completed on
<input type="radio"/> Cash transfer		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/> SILC group		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/> Food support		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/> Nutritional assessment.		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/> Supplements		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
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<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

Tick identified needs. Connect needs to referrals. Specify who or where.

FAMILY ACTIONS

4. SCHOOLED



PRIORITY NEEDS

Not enrolled	<input type="checkbox"/>
Dropped out	<input type="checkbox"/>
Missed more than 5 days in the last month	<input type="checkbox"/>
Not progressing	<input type="checkbox"/>
No school uniform	<input type="checkbox"/>
No books	<input type="checkbox"/>
No homework support	<input type="checkbox"/>
Caregiver does not know school attendance	<input type="checkbox"/>
Caregiver does not know progress	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

SERVICES & REFERRALS

Connect needs to referrals.	Tick if family is taking action		Tick when complete.
	Referred on	Completed on	
<input type="checkbox"/> Exemption from school fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School bursary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enrollment in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enrollment in vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutritional assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify who or where.

FAMILY ACTIONS

Lined writing area consisting of 20 horizontal dashed lines.

