

Greater Franklin County Local Case Resolution Committee-Case Plan

Child Name: _____

Age: _____ Sex: _____

Parent/Guardian: _____

Plan Contributors: _____

Other Caring Adults & Relationship: _____

Category	Present Situation	Immediate Needs	Goals	Actions & Target Dates	Person(s) Responsible	Results
Capacity to Contribute						
Housing						
Transportation						

Category	Present Situation	Immediate Needs	Goals	Actions & Target Dates	Person(s) Responsible	Results
Tangible Needs (food, clothing, supplies, etc.)						
Physical Health						
Mental Health						
Education						

Signatures: Child: _____ Advocate: _____

Parent/Guardian: _____ Date: _____