1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date case planning started dd/mm/yyyy | Case ID number |
| Who was involved in developing the case plan (select all that apply)   * Parents or caregivers * Child * Others, spcify \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **CASE MANAGEMENT OBJECTIVES**

|  |  |
| --- | --- |
| Define SMART(pecific, Measurable, Achievable, Relevant, and Time-Bound)/ Primary objectives of the case plan, consider both immediate objectives and mid-term or  long term objectives | |
| **Objectives** |  |
|  |

1. **ACTION PLAN and SERVICES PROVIDED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** List needs for support identified in the registration/ assessment (s) ***(Note: please include urgent needs and actions taken in the registration form and continue action)*** | **2** List of specific actions to be taken | | **3** List who is responsible for this action | | **4** Document how much time is needed for completion (duration in weeks or months) | **5** Update status of action taken | | **6** Any additional notes  or comments (and mark if urgent) |
|  |  | |  | |  | * Pending * Ongoing * Completed | |  |
|  |  | |  | |  | * Pending * Ongoing * Completed | |  |
|  |  | |  | |  | * Pending * Ongoing * Completed | |  |
| Type of services provided and access  (to be marked at any point of the process) **please avoid editing dropdown** | | * Health services * Nutrition services * Food security services * Livelihood services * Cash assistance services | | * Mental health and psycho-social support services * Family Tracing and Reunification services * Alternative care services * GBV services * Documentation and civil registration * Legal and justice services | | | * Education services * Shelter services (not places of care) * Water, sanitation and hygiene services * Specialised services for children with disabilities | |

1. **FOLLOW-UP ACTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of follow-up | Followed up with | Followed-up through | Specify which action/service (from case plan) followed-up on *or* what other element followed-up on: |
| dd/mm/yyyy | * Child * Parent(s)/Caregiver(s) * Service provider (own agency) * Service provider (external referral) * Other, specify\_\_\_\_\_\_\_\_ | * Home visit (child/family) * Phone call * Face-to-face meeting (at a service provider) * Face-to-face meeting outside of home. * Email/sms/ messaging services |  |
| Observations *(As per the Assessment form list any considerations related to safety, physical health, emotional wellbeing, family, caregiving arrangements, access to basic needs, school, etc.)* | | Is there a need for further follow-up?   * Yes * No | Next follow-up date dd/mm/yyyy |
| dd/mm/yyyy | * Child * Parent(s)/Caregiver(s) * Service provider (own agency) * Service provider (external referral) * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Home visit (child/family) * Phone call * Face-to-face meeting (at a service provider) * Face-to-face meeting outside of home. * Email/sms/ messaging services |  |
| Observations *(As per the Assessment form list any considerations related to safety, physical health, emotional wellbeing, family, caregiving arrangements, access to basic needs, school, etc*.) | | Is there a need for further follow-up?   * Yes * No | Next follow-up date: dd/mm/yyyy |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Supervisor name | Date dd/mm/yyyy | Signature |
| Comments supervisor *(for example, recommendations for next steps, additional information or any remarks)* | | |