

State of Illinois  
Department of Children and Family Services

**CLINICAL INTERVENTION FOR PLACEMENT PRESERVATION (CIPP)  
Action Plan**

<b>Identifying Information</b>		
Youth name:	ID#:	DOB:
CIPP meeting date:	Meeting date location:	
Worker name:	Supervisor name:	
Worker phone:	Supervisor phone:	
Agency:	Name of person completing the action plan:	
<b>Concerns/Needs</b>		
1.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
2.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
3.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
4.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
5.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
6.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
7.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
8.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
9.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority
10.		<input type="checkbox"/> Current Priority <input type="checkbox"/> Future Priority

Youth Name:	ID#:	Page #:
<b>Action Plan</b>		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Case Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Case Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Case Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Youth Name:	ID#:	Page #:
<b>Action Plan Continued</b>		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Concern(s) addressed: #____; #____; #____; #____;		
Description of service/support/relationship needed. How, when, where and to whom will it be provided?		
Type? <input type="checkbox"/> Social/Concrete/Case Management Support <input type="checkbox"/> Clinical <input type="checkbox"/> Care Environment		
Urgency? <input type="checkbox"/> Now <input type="checkbox"/> Within a Week <input type="checkbox"/> Within a Month		Who is responsible?
Special approval/supplemental funding assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Youth Name:	ID#:	Page #:
-------------	------	---------

**Action Plan Continued**

Concern(s) addressed: #\_\_\_\_; #\_\_\_\_; #\_\_\_\_; #\_\_\_\_;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type?      Social/Concrete/Management Support      Clinical      Care Environment

Urgency?    Now    Within a Week    Within a Month     Who is responsible?

Special approval/supplemental funding assistance?    Yes    No

Concern(s) addressed: #\_\_\_\_; #\_\_\_\_; #\_\_\_\_; #\_\_\_\_;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type?      Social/Concrete/Management Support      Clinical      Care Environment

Urgency?    Now    Within a Week    Within a Month     Who is responsible?

Special approval/supplemental funding assistance?    Yes    No

Concern(s) addressed: #\_\_\_\_; #\_\_\_\_; #\_\_\_\_; #\_\_\_\_;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type?      Social/Concrete/Case Management Support      Clinical      Care Environment

Urgency?    Now    Within a Week    Within a Month     Who is responsible?

Special approval/supplemental funding assistance?    Yes    No

Youth Name:	ID#:	Page #:
-------------	------	---------

**Proactive Stability and Crisis Plan**

Situations that could lead to a crisis:

Youth's strategies for managing conflict/crisis:

Caregiver's strategies for managing conflict/crisis:

Supports and resources including names and contact information of people who will help:

Youth Name:	ID#:	Page #:
-------------	------	---------

**Action Plan Signature Page**

<b>Signature Indicating Support of Plan</b>	<b>Role/Agency</b>

Concerns regarding action plan:

Name/Role:

Concerns regarding action plan:

Name/Role: