

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		
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<b>Action Plan Continued</b>		
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**Action Plan Continued**

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

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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: #\_\_\_\_; #\_\_\_\_; #\_\_\_\_; #\_\_\_\_;

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**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:

