

**Virginia Department of Juvenile Justice  
Comprehensive Re-Entry Case Plan (CRCP)**

**Cover Sheet**

Date of CRCP Development:

Annual Revision Date:

Name of Juvenile:

JTS#

Date of Birth:

Age:

Committing CSU:

Direct Care Supervising CSU:

Commitment Date:

Commitment #:

Committing Offenses:

Date at CAP:

LOS

Date of Release Eligibility:

JCC:

Date at JCC:

Assigned JCC Counselor:

Assigned Parole Officer:

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**Court Service Unit**

**Placement Status:** Identify proposed placement upon release from direct care or plan to secure a parole placement. To be completed by the committing CSU within 60 days of arrival at RDC.

Placement is available with \_\_\_\_\_ a \_\_\_\_\_

This placement can provide appropriate supervision for this juvenile with support services:

Placement is not presently available and the following steps will be implemented to secure an appropriate placement (indicate who will do what, by when):

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Current Level of Functioning:

Recommended and Mandatory Services Needs

High or Moderate Risk YASI Domains:

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**Cover Sheet**

**Level of Supervision Determination  
(Complete no later than 60 days prior to release)**

**Date of Last YASI Assessment at the time of commitment:**

**Overall Risk Level:**

**Initial Supervision Level as Determined by Matrix (CSU**

**Mandatory Override to Level 4?**

**If yes, due to what offense?**

**Discretionary Override?      ...**

**If yes, to what Level and rationale?      .....**

**Estimated period of parole supervision?**

**How motivated is the juvenile/family to change?**

**With what frequency will contact be maintained with parent/guardian?**

**With what frequency will contact be maintained with external agencies?**

## Comprehensive Case Plan: FIRST NAME, LAST NAME

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Priority 1:	Aggression/Violence
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*Targeted Items:*

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*Strengths / Protective Factors:*

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*Long Term Goals:*

- 

*Short Term Goals:*

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Priority 2:	Skills
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*Targeted Items:*

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*Strengths / Protective Factors:*

- 

*Long Term Goals:*

- 

*Short Term Goals:*

- 

Priority 3:	Family
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*Targeted Items:*

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*Strengths / Protective Factors:*

- 

*Long Term Goals:*

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*Short Term Goals:*

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## Comprehensive Case Plan: FIRST NAME, LAST NAME

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Action Steps	
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1 \_\_\_\_\_

Domains

Participants

Setting:

Service Status

Service Change Date

Anticipated Completion Date

Mental Health Transition Plan

2 \_\_\_\_\_

Domains

Participants

Setting:

Service Status

Service Change Date

Anticipated Completion Date

Mental Health Transition Plan

3 \_\_\_\_\_

Domains

Participants

Setting:

Service Status

Service Change Date

Anticipated Completion Date

Mental Health Transition Plan

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**Participation Statement**

**Name:** \_\_\_\_\_ **Juvenile Number:** \_\_\_\_\_

	<b>Attended / participated in person, via phone or video</b>	<b>Did not attend, but discussed prior to meeting</b>	<b>Did not Attend / Participate</b>
<b>Juvenile</b>			
<b>Family/Legal Guardian</b>			
<b>Parole Officer</b>			
<b>Counselor/Case Manager</b>			
<b>Education</b>			
<b>BSU Staff</b>			
<b>Community Coordinator / Designee</b>			
<b>CAP Supervisor</b>			
<b>Mental Health Treatment Professional</b>			
<b>Other Professional</b>			

**Signatures of Comprehensive Re-Entry Case Plan Development Team**

<b>Juvenile</b>		<b>Date</b>
<b>Family / Legal Guardian</b>		<b>Date</b>
<b>Parole Officer</b>		<b>Date</b>
<b>Counselor/Case Manager</b>		<b>Date</b>
<b>Education</b>		<b>Date</b>
<b>BSU Staff</b>		<b>Date</b>
<b>Community Coordinator/ Designee</b>		<b>Date</b>
<b>CAP Supervisor</b>		<b>Date</b>
<b>CSU Supervisor</b>		<b>Date</b>
<b>Mental Health Treatment Professional</b>		<b>Date</b>
<b>Other Professional</b>		<b>Date</b>