**Creative Community Alternatives (CCA) Pilot Project - TUSLA**

**Case Detail and Service Identification Profile Form.**

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| **Child’s Details** |
| **Name:** |
| **Age:** | **D.O.B:** | **Gender:** |
| **Address Details:** |
| **Family Composition**  | **Name** | **Relationship** | **Age** |
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| **Professionals and services currently involved. Please include named individuals/key workers** |  |
| **Brief outline of Case Context and Presenting Issues**  |  |
| **Specify Key Components of the Proposed CCA Intervention Plan** **Specific****Measurable****Achievable** **Realistic****Timely** **level(s) of agreement as to these interventions by both child and family?** |  |
| **Cost Benefit Analysis (financial/Social)**1. **What will be the cost of the Service Provision if the CCA option is not put in place?**
2. **What is the cost of the CCA option?**

**(Estimates)** |  |

**Signed By:**

**Social Worker:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ Principle Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_**

**Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_**

***Please return this form to*** ***Marge.Casey@tusla.ie*** ***phone 087 279 2699***