**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***](mailto:Marge.Casey@tusla.ie) ***phone 087 279 2699***