

(Child's Name) Permanency Plan

Section 1 Demographics							
Child Name:		DOB:		Court Case #:		CO:	
FACTS Case #:			FACTS Client ID:				
Mother's Name:		Father's Name:		Other Caregiver Name:			
Local DCF Office:			Assigned DCF Staff:				
Provider:			Assigned Provider Staff:				
Case Planning Conference Date:							
Section 2 Assessment Information (Initial and on-going. Update each at every case planning conference.)							
Summary of Assessments (Initial and On-going)							
Family/Individual Strengths and Resources:							
Safety Concerns/Reason Child Cannot Return Home:							
Risk Concerns:							
Permanency Goal (check one of the following):							
<input type="checkbox"/>	Maintain at home	<input type="checkbox"/>	Reintegration	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship <input type="checkbox"/> with relative <input type="checkbox"/> with non-relative
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	APPLA
Concurrent Plan (if applicable and Reintegration also goal):				<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship
				<input type="checkbox"/>		<input type="checkbox"/>	APP LA
Section 3 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)							
Permanency Objective # _____							
What behavioral change is expected:							
<u>Activity #</u>	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date	

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Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Section 4 Interaction/Visit Plans – Attached in PPS 3053 and 3054

Section 5 Appropriateness of Placements

Attach print out of current placement and all placements since last case plan. For each placement, document if it was safe, meets the needs of the child, least restrictive, consistent with the best interest of the child, in close proximity to parents (if reintegration is the CP goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Place	Is/Was Placement	Does/Did	Is/Was Placement Least	Is/Was	Is/Was	Is/Was
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ment #/ Date	Safe?	Placement Meet the Needs of the Child?	Restrictive?	Placement In Close Proximity to Parents?	Placement In Close Proximity to School?	Educational Setting Appropriate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation For Any No Answers:

Reason for Moves and Child's Reactions to Move:

How maternal and paternal relatives were considered for placement since the last case plan:

Note specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP], placement in Substance Use Disorder facility with parent):

If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.

Section 6 Child/Youth Well-Being Plan

Summary of how child is doing since last Case Plan (include authorization for sleepovers, self-care, physical restraint, driving, or high risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Need					Description	Response/Service to Address	Received Timely Treatment on this date
Medical	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Dental	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Vision	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Mental Health	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

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Developmental Disability	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Alcohol/Drug Treatment	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Social and Emotional	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Educational	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Placement	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
ICWA Determination	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

Section 7 Prevention Plan for Pregnant/Parenting Foster Youth

NA

Foster care prevention strategy for any child, not in custody, born to the youth (check one):

Safely maintain the child with the foster youth | Live temporarily with a kin caregiver | Live permanently with a kin caregiver

Service needs (check all that apply): Mental Health | Substance Use | Parent Skill Building | Kinship Navigation

List the specific services or programs to be provided to the youth to ensure the youth is prepared (if pregnant) or able (if parenting) to be a parent.

Section 8 Case Plan Participation

Participants' Signatures/Dates (**For non-family participants, information shared is confidential and shall not be released.**)

Child Signature: For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the child and to the parent / foster parent / relative / kinship caregiver. If age 10 or older, my signature means I was provided a copy of the PPS 5138 Foster Care Bill of Rights. If age 14 or older and placed out of home, I acknowledge I was explained my health rights and provided a copy of my annual credit check.

Child's Input/Comments:

	Printed Name	Signature	Participation Code	Date Signed
Child				

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

Potential Consequences of Nonparticipation in Case Plan Objectives and Activities:

Parent Signatures: I have participated in the development of this plan. I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan. If my child is under the age of 10, I have been provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf.

Parents' Input/Comments:

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	Printed Name	Signature	Participation Code	Date Signed
Parent				
Parent				
Parent				
Parent				
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input				
Other Participant Signatures: Indicate Name, Agency, Title, and Participation Codes.				

Printed Name	Signature	Agency	Title (Note if 3 rd party)	Date Signed	Participation Codes
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input					

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