The purpose of this form is to document the requirements for case planning when a child is assessed by an independent assessor for placement or placed in a Qualified Residential Treatment Program (QRTP). It shall be completed for each assessment/placement in a QRTP.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACTS Case #:</td>
<td>Case Planning Conference Date:</td>
</tr>
</tbody>
</table>

**Date of QRTP Assessment:**  
1. Explain efforts to identify and include all individuals required to be on the Child and Family Team:

2. Contact information for all family members, non-related kin and members of the Child and Family Team are documented in the case file:

   - [ ] Yes  
   - [ ] No

3. Describe how meetings are held at a time and place convenient for the family:

4. If reintegration is the goal, the parent(s) from whom the child was removed provided input on the members of the Child and Family Team:

   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

5. The 30 day independent assessment to determine appropriateness of the QRTP included the Child and Family Team:

   - [ ] Yes  
   - [ ] No

6. Explain efforts to place siblings together or why it is not in their best interest to be placed together:

7. Basis for placement decision of the Child and Family Team and child:

8. There is documentation of the written recommendation by the QI regarding the appropriateness of the QRTP placement:

9. Attach documentation (judicial determination form or journal entry) of the court’s approval or disapproval of the QRTP placement, when available.

| Signature of Person Completing: | Date: |

Revision Date(s):