



PPS 3051 Permanency Plan

This permanency plan has been created to achieve a permanency goal of: **Reintegration**

This case plan also supports achieving a concurrent goal of: **N/A**

Case Management Provider (CMP): Click or tap here to enter text. **Assigned CMP Staff:** Click or tap here to enter text.

CMP Contact Information: Click or tap here to enter text.

Assigned DCF Staff: Click or tap here to enter text.

Permanency Planning Conference Date: Click or tap here to enter text.

This Permanency Plan is Effective From: Click or tap to enter a date. **To:** Click or tap to enter a date.

Section 1 – Child and Family Information

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date. **Court Case No:** Click or tap here to enter text.

County: Click or tap here to enter text.

FACTS Case Number: Click or tap here to enter text. **FACTS Client ID:** Click or tap here to enter text. **FACTS Case Head:** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

If there is a legal father, how was paternity established? Choose an item.

Click or tap here to enter text.

If any identified legal parent or caregiver is deceased or no longer retains rights, provide the date this occurred and how it was confirmed:

Click or tap here to enter text.

For the identified child, or any identified parent or caregiver not present, describe efforts made to include them in this permanency planning conference:

Click or tap here to enter text.

Has a Court determined ICWA applies: Click or tap here to enter text. **Date of Court Determination:** Click or tap to enter a date.

Name of Tribe: Click or tap here to enter text. **Tribal Contact:** Click or tap here to enter text.

What assessments have been completed with the family?: Click or tap here to enter text.

Section 2 - Safety

Worries	Safety, Strengths, and Family Successes	
<p><i>What happened that led to the service referral?</i></p> <p>Click or tap here to enter text.</p>	<p><i>What have the family members and/or their supports done to provide or build some protection for the child? What has happened that gives people even a bit more confidence that the child will be able to return home (or the alternative permanency goal will be achieved)?</i></p>	
<p><i>What is happening now that is keeping the child from returning home (or keeping an alternative permanency goal from being met)?</i></p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>	

Who is worried and what are they worried might happen to the child if things don't change?

Click or tap here to enter text.

Family Resources

Who or what does this family have around them that might help in the safety building process? Who are the natural supports who have the strongest connections to the family and child?

Name of Support	Relationship to the Family
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
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Section 3 – Objectives, Services, and Activities

Permanency Objective 1: *(What is the desired outcome? What needs to be happening differently in the care of the children? What’s the anticipated positive impact for the children?)*

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 1: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	Yes No		Click or tap to enter a date.

Permanency Objective 2: *(What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)*

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 2: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	Yes No		Click or tap to enter a date.

Permanency Objective 3: *(What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)*

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 3: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	Yes No		Click or tap to enter a date.

What may happen if these Permanency Plan objectives and activities are not completed?

Click or tap here to enter text.

Section 4 – Placement

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

Placement Date	Is Placement Safe?	Does Placement Meet the Needs of the Child?	Is Placement Least Restrictive?	Is Placement in Close Proximity to Parents?	Is Placement in close proximity to school?	Is Educational Setting Appropriate?	Currently placed with siblings?
Click or tap to enter a date.	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

For each answer, what worries the agency enough to say no or what gives the agency enough confidence to say yes?

Click or tap here to enter text.

Note how relatives have been considered for placement and provide any specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP]) including caregiving practices important to the parent (such as hair care, bedtime routines):

Click or tap here to enter text.

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

Section 5 – Child Well-Being

Provide a summary of how child is doing since last permanency plan conference (include information 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.*

Click or tap here to enter text.

Need	Description	Provider; (Provider address and phone number)	Date of last service or plan	Court ordered?
Primary Care Provider	Example: KBH Yearly	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Dental	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Vision	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Mental Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
HCBS Waiver (TA, I/DD, Autism, TBI, SED) *Include Waitlist* <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Alcohol/Drug Treatment	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No

Behavioral Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Educational (IEP, 504, Educational Advocate) <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
<i>Additional Needs</i> <i>OBGYN, PT, OT, etc.</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No

<p>Federal Benefits</p> <p>If the child has a documented disability, has an SSI referral been made to KLS?</p> <p>Yes No</p> <p>If no, documented reason:</p> <p>Click or tap here to enter text.</p>	<p>ABLE or WARDS account?</p> <p>Yes No</p> <p>Is the child a recipient of any of the following federal benefits:</p> <p>SSI SSDI Veterans Affairs Railroad Retirement</p>
<p>Pregnant or Parenting Youth?</p> <p>Yes No</p> <p><i>Check "yes" for any child who is pregnant, an expectant father, or minor parent</i></p>	<p>Is the child of the pregnant or parenting youth in the custody of the Secretary?:</p> <p>Yes No</p> <p>Prevention Plan: If no, select the plan that is preventing the child of the pregnant or parenting youth from entering care.</p> <p>Maintaining Safely in the Home with Parent</p> <p>Living Temporarily with Relative or Kin</p> <p>Living Permanently with Relative or Kin</p> <p>Describe what services, supports, or programs are helping make this plan work:</p>

Section 6 – Participation and Signatures

Any **remaining** questions from the child and a summary in their own words of their experience being involved in the creation of this case plan:

Type questions here

Any **remaining** questions from the parent or caregiver and a summary in their own words of their experience being involved in the creation of this case plan:

Insert questions here

My Signature Confirms:

- I was included as a participant 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.
- I understand my signature does not mean I do or do not agree with this plan.
- If I am not a legal parent, legal caregiver, or child, I understand the information discussed in the meeting is confidential shall not be shared.
- **If I am the Legal parent, legal caregiver, or child, I understand I am to be provided a copy of “Section 3: Objectives, Services, and Activities” the date of my signature.**

Printed Name	Signature	Role <i>(note if 3rd party)</i>	Agency (if applicable)	Date Signed	Participation Codes <i>IP, BP, NI</i>
