# (Child's Name) Permanency Plan

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Section 1 Demo	ographics											
Child Name:		DOB:			Court	Case #:		CO:				
			<u> </u>				. ID					
FACTS Case #:					FA	ACTS Client	t ID:	Other Care	giver			
Mother's Name	:		Father's	Name:			<del>,                                      </del>	Name:	5			
Local DCF Offi	ce:			Assigne	ed DC	F Staff:						
Provider:				Assigne Staff:	ed Pro	vider						
Case Planning (	Conference Date:											
Section 2 Asses	sment Informat	ion (Initia	al and on	-going. U	pdate	each at eve	ery case pl	lanning confer	ence.)			
Summary of As	sessments (Initial	l and On-g	going)									
Family/Individu	al Strengths and	Resource	s:									
Safety Concern	s/Reason Child C	annot Ret	urn Home	<b>:</b>								
Risk Concerns:	Risk Concerns:											
	al (check one of			1		1		! !				
Maintain at home	Reinte	egration	Ad	loption	Ш		it Custodia elative	. —	SOUL Family L	egal L	]   AI	PPLA
						with n	on-relative	e i	Permaner	ncy		
Concurrent Plan	n (if applicable an	d Reinteg	ration also	o goal):		Adoption		Permanent Custodians		SOUL Family		APPLA
								Custodiana	mp	Legal		
										Perman ency		
ency												
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:												
Activity #	Measurable Sho		Activity	Court	Re	esponsible	Target	Progress Sinc	e Last	Achieve	ed Dat	e
<u></u>	to Achieve Obje			Ordered		rson	Date	Case Plan				

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Permanency Ob	viactiva #									
What behaviora	l change is expected:									
Activity #	Measurable Short-Term Activity	Court	Responsible	Target	Progress Since Last	Achieved Date				
Tion in	to Achieve Objective	Ordered	Person	Date	Case Plan	Tiome ved Bute				
	y									
Permanency Ob										
	l change is expected:	T	T =	T	T =	T :				
Activity #	Measurable Short-Term Activity	Court	Responsible	Target	Progress Since Last	Achieved Date				
	to Achieve Objective	Ordered	Person	Date	Case Plan					
Section 4 Farm	dy Timo Sahadula Attachad : DD	C 2052								
Section 4 Fami	Section 4 Family Time Schedule – Attached in PPS 3053									
Section 5 Appr	opriateness of Placements									
	of current placement and all placement	ents since la	ast case plan. Fo	or each pla	acement, document if it v	vas safe, meets the needs				
prizz 0 000	processing and processing		p			,				

Section 6 Child/Youth Well-Being Plan

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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 ment #/ Date	Is/Was Placement Safe?  Yes	Does/Did Placement Meet the Needs of the Child?  Yes No	Is/Was Placement Least Restrictive?  Yes No	Is/Was Placement In Close Proximity to Parents?  Yes No	Is/Was Placement In Close Proximity to School?  Yes	Is/Was Educational Setting Appropriate?  Yes No			
	No	Yes No Yes No Yes No Yes No Yes No	☐ Yes ☐ No	☐ Yes ☐ No	No	☐ Yes       ☐ No       ☐ Yes         ☐ No       ☐ Yes       ☐ No         ☐ Yes       ☐ 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 c	hild has been as:	sessed for or placed	in a QRTP, attach the PPS 3060 QF	RTP Case Plan Requ	irements.				

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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.								
				1				
Need					Description	Response/Service to Address	Received Timely Treatment on this date	
Medical		yes		no				
Dental		yes		no				
Vision		yes		no				
Mental Health		yes		no				
Developmental Disability		yes		no				
Alcohol/Drug Treatment		yes		no				
Social and Emotional		yes		no				
Educational		yes		no				
Placement		yes		no				
ICWA Determination		yes		no				
Section 7 Prevention Plan for Pres	gnant/	Parenti	ng Fo	ster Y	outh		□ NA	
Foster care prevention strategy for any child, not in custody, born to the youth (check one):								
Safely maintain the child with th					emporarily with a kin careg		with a kin caregiver	
Service needs (check all that apply):		] Menta					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-fa	mily pa	articii	oants.	information shared is con	fidential and shall not be i	eleased.)	
, , , ,		V 1	1				/	
Child Signature: For a child under	the ag	e of 10,	a cop	y of th	ne PPS 5138 Foster Care Bil	l of Rights shall be provide	d 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 old	er and	placed	out of	home	, I acknowledge I was expla	ined my health rights and p	rovided a copy of my	
annual credit check.								
Child's Input/Comments:								
	inted N	Vame			Signature	Participation Code	Date Signed	
Child								
						1.		
Participation Codes: IP – participate	ed in p	erson, E	3P – p	articip	ated by phone, NI – provide	ed input		

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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, T have been provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf.  Parents' Input/Comments:  Parent								
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	Other Particinar	ut Signatures: Indic	ate Name A	gency Title	and Participation Co	odes		
Printed Name Signature Agency Title (Note if 3 <sup>rd</sup> party) Date Signed Participation Codes	Other Tarticipal	it Signatures. more	ate Name, F	rgency, rine,	and rarnerpation e	oucs.		
	Printed Name	Signature	Α.σ.	tenev	Title (Note if	2rd party)	Date Sign	ed Participation Codes
	Timted Name	Signature	Ag	gency	Title (Note ii	Title (Note if 3 party)		r articipation codes

State of Kansas
Department for Children and Families
Prevention and Protection Services

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