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r													
Section 1 Dem	ographics		ı				ı	T					
Child Name:		DOB:			Court	Case #:		CO:					
FACTS Case #:					F/	ACTS Client	t ID:						
TACIS Case #.					1.7	ACTS CHEIR	ι ID.	Other Care	giver				
Mother's Name	:		Father's	Name:			ı	Name:					
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 (Initi	al and on	-going. U	pdate	each at evo	ery case pl	lanning confe	rence.)				
Summary of As	sessments (Initial	and On-g	going)										
Family/Individu	al Strengths and	Resource	s:										
Safety Concern	s/Reason Child C	annot Ret	urn Home);									
3													
Risk Concerns:													
	oal (check one of					T _							
Maintain at home	Reinte	egration	Ac	loption	Ш		nt Custodia elative	nnship	SOUL Family L	egal	Ш	API	PLA
at nome						_	on-relative	e	Permaner				
Concurrent Plan	ı (if applicable an	d Reinteg	gration also	o goal):] Adoption		Permanen		SOU			APPLA
								Custodian	ship	Fami Lega	-		
										Perm			
										ency	$\perp \perp$		
Section 2 Objections and Astinities (Include at least 1997)													
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		esponsible	Target	Progress Since	ce Last	Achie	eved I	Date	
	to Achieve Obje	ective		Ordered	a Pe	erson	Date	Case Plan					

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Permanency Ob									
	l change is expected:	ı	T	Γ	T	T			
Activity #	Measurable Short-Term Activity	Court	Responsible	Target	Progress Since Last	Achieved Date			
	to Achieve Objective	Ordered	Person	Date	Case Plan				
Permanency Ob	jective #								
What behaviora	l change is expected:	1	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 Inter	action/Visit Plans – Attached in PP	S 3053 and	1 3054						
	opriateness of Placements								
Attach print out	of current placement and all placement	ents since la	ast case nlan Fo	or each nla	acement document if it v	vas safe meets the needs			

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

Section 6 Child/Youth Well-Being Plan

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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.									
				<u> </u>					
Need					Description	Response/Service to Address	Received Timely Treatment on this date		
Medical	Ш	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 the foster youth Live temporarily with a kin caregiver Live permanently with a kin caregiver								
Service needs (check all that apply):									
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	milv n	articii	oants.	information shared is con	fidential and shall not be i	eleased.)		
		J P							
Child Signature: For a child under	the ag	e of 10.	a cop	y of th	ne PPS 5138 Foster Care Bil	ll of Rights shall be provide	d to the child and to		
the parent / foster parent / relative /]									
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:									
Pr	inted N	Vame			Signature	Participation Code	Date Signed		
Child									
Participation Codes: IP – participate	ed in po	erson, E	3P – p	articip	ated by phone, NI – provide	ed input			

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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:										
		In	Tar		I market at	a 1	D. G. I			
		Printed Name	Signature		Participation	Code	Date Signed			
Parent										
Parent										
Parent										
Parent										
Participation Code	s: IP – participated	in person,	BP – participated	by phone, NI – p	provided input					
Oth on Pouticinous	4 C: 4 I 1:	-4- NI /	V Т:41 4	D4:-:	1					
Other Participan	t Signatures: Indica	ite Name, <i>F</i>	Agency, Tille, and	Participation Co	des.					
					ol	T = 0:				
Printed Name	Signature	Ag	gency	Title (Note if 3 rd party) Date		Date Signed	d Participation Codes			

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

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

