

(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"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA	
Concurrent Plan (if applicable and Reintegration also goal):					<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship	<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA
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 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:

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Permanency Objective # _____

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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

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.

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			
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

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