



## Permanency

Date child(ren) sheltered: \_\_\_\_\_ Date child(ren) adjudicated: \_\_\_\_\_

Is there a case plan filed with the court?

Yes       No      Date Case Plan Expires: \_\_\_\_\_

Date Case Plan accepted by the court: \_\_\_\_\_

Are additional tasks required for any of the following?

Mother \_\_\_\_\_       Father \_\_\_\_\_       Child \_\_\_\_\_

\_\_\_\_\_

What is the case plan goal? \_\_\_\_\_

Is the case plan goal in the best interest of the child?

Yes       No (If NO, what should the goal be?)

\_\_\_\_\_

What is the primary barrier to achieving the current goal?

\_\_\_\_\_

Why were these children brought into care?

Abandonment       Domestic Violence       Drugs       Neglect  
 Physical Abuse       Sexual Abuse       Other

Brief description of allegations:

\_\_\_\_\_

Fill out this chart to reflect the status of the Case Plan. Please check box if all necessary referrals have been made, if not please explain what is outstanding below.

Major CP Task	Mother compliance	Father compliance	Father compliance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments on Permanency

\_\_\_\_\_

## Placement

The Current Placement with  Foster Care  Non-Relative  
 Relative\_\_\_\_(please specify)  
 Residential  Therapeutic  
 Other (please specify)\_\_\_\_\_

is appropriate and no changes are necessary

is **not** the best placement for the child and the following actions are necessary:

\_\_\_\_\_

## Child's Needs

The team should fully explore the needs of all children involved in the case. Following that discussion, it was determined that the following issues need to be addressed:

**Medical**  **Mental Health**  **Educational**  
 **Developmental**  **Developmental Disabilities**  
 **Normalcy**  **Independent Living**

\_\_\_\_\_

Is the child on ANY **Psychotropic medications**

Yes  No What meds? \_\_\_\_\_

Was proper informed consent obtained from parents?

Yes  No Date: \_\_\_\_\_

If NO, was permission properly obtained from the courts?

Yes  No Date ordered: \_\_\_\_\_

**Action needed on Psychotropic medications:**

\_\_\_\_\_

## Legal Needs and Rights of the Child

Is court ordered visitation occurring with the parents?

Yes  No

\_\_\_\_\_

Do you recommend any changes?

Yes  No If YES, what changes do you recommend?

\_\_\_\_\_

Is sibling visitation ordered?

Yes  No  N/A

Is court ordered visitation occurring with the siblings?

Yes       No       N/A

\_\_\_\_\_

Do you recommend any changes?

Yes       No      If YES, what changes do you recommend?

\_\_\_\_\_

Does the child want to participate in court hearings?

Yes       No       N/A, only if child is too young

\_\_\_\_\_

If so, are they attending?

Yes       No       N/A

\_\_\_\_\_

Is the child receiving all the benefits they are eligible for?

	Eligible	Receiving	Not Eligible
SSI/SSA (Master trust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actions needed to address:

\_\_\_\_\_

Are there any special status issues, such as immigration or ICWA that need to be addressed? If YES, please describe what issues need to be addressed

Yes       No

\_\_\_\_\_

### Case Management

Has there been an interview with each parent

Yes       No

Date of interview: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Father: \_\_\_\_\_

Have we observed a visit between the child and the parents?

Yes       No

Is the child being seen every 30 days?

Yes       No

If NO, why? \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_