

## PERMANENCY PLAN

Date - Form Filled Out		Name - Agency	
Name - Child (Last, First Middle)			Birthdate - Child
Name - Mother (Last, First Middle)		Telephone Number - Mother (Home)	Telephone Number - Mother (Work)
Address - Mother (Street, City, State Zip Code)			
Name - Father (Last, First Middle)		Telephone Number - Father (Home)	Telephone Number - Father (Work)
Address - Father (Street, City, State Zip Code)			
Father is: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive <input type="checkbox"/> Adoptive			
Name - Guardian / Legal Custodian (Last, First Middle)		Telephone Number - Guardian (Home)	Telephone Number - Guardian (Work)
Address - Guardian / Legal Custodian (Street, City, State Zip Code)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any Indian Child Welfare Act considerations with this child? If <b>"Yes"</b> , explain.			
Name - Worker		Name - Supervisor	
Court File Number	Branch Number	Name - Judge	
Agency Case Number		Date - Next Permanency Plan Review / Hearing Due	
Name - Guardian Ad Litem		Name - District Attorney / Corporation Counsel	
Name - Court Appointed Special Advocate		Name - Public Defender	
Name - Attorney for Parent(s)		Name - Other	
Permanency Plan is: <input type="checkbox"/> Original <input type="checkbox"/> Subsequent			
1. a. Date of removal:			
b. Date of latest Permanency Plan Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanency Plan Review Report is attached? <input type="checkbox"/> Does not apply. Child in Out-of-Home Care less than six months.			
c. <input type="checkbox"/> Yes <input type="checkbox"/> No Did the panel concur with the Permanency Plan? If <b>"No"</b> , answer the following question. <input type="checkbox"/> Yes <input type="checkbox"/> No Was a revision to the court order requested? If <b>"Yes,"</b> describe the outcome of the hearing.			
d. Date of latest Permanency Plan Hearing:			

e. Summarize significant case information, developments or events since the latest Permanency Plan Review / Permanency Plan Hearing or attach the most recent court report or case evaluation.

2. Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.

3. Child's **current** permanency and, if applicable, concurrent goal of record.

Permanency Goal:

Concurrent Goal:

4. Child's **proposed** permanency and, if applicable, concurrent goal.

Permanency Goal:

Concurrent Goal:

Describe rationale for the child's goal(s)

5. Anticipated date the permanency goal will be achieved:

6. Explain the basis of the decision to place the child in custody. Include a narrative of the circumstances and why remaining in the home would be contrary to the child's welfare; and the jurisdictional statute used as the basis.

7. If in-home safety services were not able to work for this family, identify the reason(s):

- a. The parents were unwilling for services to be provided or are unable to cooperate with service providers.
- b. The home environment was not calm enough for services to be provided or for the service providers to be in the home safely.
- c. Parents / caretakers did not or do not reside in the home.
- d. Needed services to control all of the conditions affecting safety do not exist.
- e. Needed services / providers to control all of the conditions affecting safety are not available at the level / time required.

Fully describe each checked item.

8. Identify and describe the actions taken and the services offered or provided by the agency to make reasonable efforts to prevent removal of the child from the home.

9. Identify and describe the actions taken and the services offered or provided by the agency in the previous six months to make reasonable efforts to achieve the goal(s) of the Permanency Plan, including services that were recommended or considered but were not available.

10. **Services**

Identify and describe services to be provided in the next six months to achieve the goal(s) of the Permanency Plan, including the name and address of the provider for each service, the recipient of the service, the concern(s) the service addresses and the desired outcome of the service.

11.  Yes  No

a. Has the court made a finding that reasonable efforts to prevent removal or safely return to home are not required?

Date of court finding:

b. Termination of Parental Rights

Date referred to the district attorney's / corporation counsel's office:

Date TPR was filed:

c. Adoption Referral

If an adoption worker has been assigned, list his or her name and the date assigned.

Name - Adoption Worker

Date Assigned

Child is placed in an adoptive resource.

Adoptive resource needs to be identified.

- Child is with resource that will become permanent guardian.
- Barriers to adoption.



d. Reason why TPR is not being pursued at 15 of 22 months.

- Child is placed with a fit and willing relative.



Compelling reason(s) why termination of parental rights is not in the child's best interest.

Reasonable efforts to safely return the child to his or her home have not been made.

Grounds for involuntary TPR do not exist.

12. a. Date of last face-to-face contact by the worker with the following:

Child:

Mother:

Father:

Out-of-home care provider:

b. Relevant information (e.g., location, who was in attendance, any interactions that were notable).

13. Indicate the child's **current** placement.

- Relative licensed foster home, no Kinship Care payment
- Relative unlicensed, no Kinship Care payment
- Relative licensed foster home, Kinship Care payment
- Relative unlicensed, Kinship Care payment

If the child is **not** placed with a relative, describe why placement was not available, appropriate or safe. If relative could not be located, describe subsequent / current efforts made to locate a relative. Identify which relatives have been sent notification of the child's/youth's placement into Out-of-Home Care.

- Foster home, non-relative
- Foster home, pre-adoptive
- Treatment foster home
- Shelter care
- Group home
- Residential care center
- Shelter facility, including non-secure reception center
- Secure detention
- Other - Describe placement.

- Independent living placement
- Hospital / inpatient facility
- Missing Child

14. **Child's Placement History**

**Current Placement**

Name of placement:

Physical address of placement:

Date of placement:

**Previous Placements**

- a. Name of placement:
- Physical address of placement:
- Type of placement:
- Date of placement:
- Date removed from placement:
- Reason for removal:

**Other Placement Services**

- a. Name of placement:
- Physical address of placement:
- Type of placement:
- Date of service begin:
- Date of service end:

15.  Yes  No Are all siblings that are in OHC placed together?

Does not apply. Child has no siblings or other siblings are not in placement.

If "No," explain.

16.  Yes  No Is the child considered missing? Date child was reported missing:

17.  Yes  No  For now, not long-term. Is the current placement safe and appropriate?

18. **Safety of placement.**

Yes  No a. Has an assessment of safety of the placement resource been done?

If "Yes," date completed:

If "No," explain why not.

Yes  No b. Is there a safety plan for this child and care provider(s)? If "Yes," describe or attach.

19. **Location of Placement**

The child's placement is within 60 miles of the child's home and is in close proximity so as not to interfere with carrying out the case plan and maintaining the level of contact with the parents that is deemed appropriate.

No setting is available within 60 miles of the child's home that could respond to all the issues and needs that are part of this placement.

- Describe:
- Why a placement within 60 miles of the child's home is either unavailable or inappropriate; **OR**
  - Why a placement more than 60 miles from the child's home is in the child's best interest.

20. What consideration was given to the proximity of the placement to the school in which the child was already enrolled when making the original placement? (Check all that apply.)

- Current worker did not place the child and the record does not document the information.
- Placement that would maintain the child in the same school was unavailable or inappropriate.
- The original placement resource was considered to be in the child's best interest even though it required a change in the child's school placement.
- Child continued to attend the same school.

Child is not of school age.

21.  Yes  No Did the court order indicate a transitional placement?

If "Yes," describe in detail including anticipated date of the placement change.

Name - New Placement

Address - New Placement (Street, City, State, Zip Code)

22.  Yes  No Does the agency anticipate a placement change?

If "Yes," describe in detail including anticipated date of the placement change.

Name - New Placement

Address - New Placement (Street, City, State, Zip Code)

23. **Child's Health Summary**

a. Check each item below that applies.

Child has chronic physical, mental or emotional issues. Describe in detail.

Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

Child is not on medication.

Child takes prescribed medication. Provide the following information on all prescription medications:

Name of medication:

Dosage / frequency:

Reason medication prescribed:

Approximate length of time for which medication has been prescribed:

Physician Name:

Physician Address:

b. Provide the name and address of current health care providers.

1) Physician name:

Physician address:

Physician telephone number:

Date of last exam:

2) Dentist name:

Dentist address:

Dentist telephone number:

Date of last exam:

3) Mental Health Provider name:

Mental Health Provider address:

Mental Health Provider telephone number:

Date of last exam:

c. Immunization Information

Yes  No Child's immunizations are up-to-date. If "Yes," as of

If "No," describe why immunizations are not up-to-date and how and when this will be rectified.

d. Immunization Record

- Child's immunization record is attached to this report.
- A request for the child's immunization record was made to
- on
- Child's immunization record listed below.

Immunization

Date(s) Administered

24. Child's Educational Summary

a. Check all that apply.

- School district has been notified of child's placement (if age two or older).
- Child is less than age five and does not attend early education or day care.
- Child is in an early intervention program.
- Child is in pre-school.
- Child is in kindergarten.
- Child is in regular education.
- Child is in special education.
- Child has an individualized education plan.
- Child is in day treatment.
- Child is of school age but is not attending school. Provide explanation.

Child was attending school but is currently listed as missing from the out-of-home placement.

b. Provide name and address of current school or special education providers.

c. Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Indicate the date and source of your information.

Current or most recent grade level:

Yes  No Is this grade level where the child should be? If "No," provide explanation.

d.  Yes  No Is the most recent grade report attached?

If "No," a request for school records was made to on

25. Visitation / Family Interaction

Describe or attach all current or proposed visitation / family interaction plans.

26. Independent Living (IL) Services

A youth is eligible for Independent Living Services when in Out-of-Home Care for six months after the age of 15. Youth is:

Eligible. See attached Independent Living and / or Independent Living Transition to Discharge Plan.

Date youth became eligible for Independent Living Services:

Not Eligible.

27. The following court-ordered conditions must be met for the child to be returned home. (Check one.)

Conditions from the most current court order are attached to this report.

Conditions from the most current court order are listed below.

28. **SIGNATURES**

\_\_\_\_\_  
Name - Worker \_\_\_\_\_  
Date Completed

\_\_\_\_\_  
**SIGNATURE** - Worker \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor \_\_\_\_\_  
Date Completed

\_\_\_\_\_  
**SIGNATURE** - Supervisor \_\_\_\_\_  
Date Signed