

## Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program (QRTP)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Court File Number [REDACTED]	Branch Number [REDACTED]	Name – Judge [REDACTED]
Child's Name – (Last, First Middle) [REDACTED]		Child's Birth Date [REDACTED]
Placement/Proposed Placement Provider Name [REDACTED]		Level of Care (LOC) [REDACTED]
Date – Form Filled Out [REDACTED]	Placement Start Date [REDACTED]	Placement Recommended By [REDACTED]

<b>NAME – PARENT 1</b> [REDACTED]	<b>NAME – PARENT 2</b> [REDACTED]
Name – Attorney: [REDACTED]	Name – Attorney: [REDACTED]

<b>NAME – LEGAL GUARDIAN</b> [REDACTED]
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<b>NAME – INDIAN CUSTODIAN</b> [REDACTED]
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<b>CASE INFORMATION</b>	
Name – Agency [REDACTED]	
Name – Worker [REDACTED]	Name – Supervisor [REDACTED]
Name – District Attorney / Corporation Counsel [REDACTED]	
Name – Guardian Ad Litem; Court Appointed Special Advocate; and/or Public Defender [REDACTED]	

<b>FAMILY PERMANENCY TEAM</b>		
<b>Member Name(s)</b> [REDACTED]	<b>Relationship</b> [REDACTED]	<b>Contact Information – Phone Number and/or E-mail Address</b> [REDACTED]

Describe the reasonable and good faith efforts to identify and include all required individuals of the child's Family Permanency Team.  
[REDACTED]

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Family Permanency Team meetings were held at a time and place convenient for the team. Describe [REDACTED]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The parent or guardian from whom the child was removed provided input on the members of the Family and Permanency Team. Describe [REDACTED]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The child's Child and Adolescent Needs and Strengths (CANS) assessment was completed in consultation with the Family Permanency Team. Describe [REDACTED]

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**PREFERRED PLACEMENT OF FAMILY PERMANENCY TEAM**

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Yes  No Placement preferences of the Family Permanency Team and of the child are the same placement setting recommended by the caseworker who completed the child's Child and Adolescent Needs and Strengths (CANS).

Preferred placement of the Family Permanency Team

\_\_\_\_\_

Provider Name

\_\_\_\_\_

If No Describe the reasons why the placement preferences of the Family Permanency Team, and of the child, were not recommended.

\_\_\_\_\_

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**CHILD'S LEVEL OF NEED**

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Date of Child and Adolescent Needs and Strengths (CANS)

\_\_\_\_\_

Child's Assessed Level of Need (LON)

\_\_\_\_\_

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**QUALITY RESIDENTIAL TREATMENT PROGRAM OUT-OF-HOME PLACEMENT**

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Yes  No The needs of the child can be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.

Describe

\_\_\_\_\_

If No Describe the reasons why the needs of the child cannot be met by the child's family or in a licensed foster home.

\_\_\_\_\_

Yes  No Placement in a qualified residential treatment program (QRTP) is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.

Describe

\_\_\_\_\_

Yes  No Placement in a qualified residential treatment program (QRTP) is consistent with the child's short- and long-term goals.

Describe

\_\_\_\_\_

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**SIGNATURES**

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\_\_\_\_\_  
Name – Worker

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
**SIGNATURE** – Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name – Supervisor

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
**SIGNATURE** – Supervisor

\_\_\_\_\_  
Date Signed