

Permanency Plan

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

Court File Number	Branch Number	Name – Judge
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Permanency Plan is:

Name – (Last, First Middle)	Birth Date –
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PARENT 1	PARENT 2
Attorney:	Attorney:

LEGAL GUARDIAN

INDIAN CUSTODIAN

CASE INFORMATION

Date – Form Filled Out	Name – Agency
Name – Worker	Name – Supervisor
Agency Case Number	Date – Next Permanency Review / Hearing Due

Name – District Attorney / Corporation Counsel

Name –

CONSIDERATIONS FOR REVIEW / HEARING

- Yes No Are there any Indian Child Welfare Act considerations with this _____ ? If "Yes", explain.
- Provide a statement as to whether the _____ 's age and developmental level are sufficient for the court or review panel to consult with the _____ at the hearing or review.
- Date of last face-to-face contact by the worker with the following:
:
Mother:
Father:
Out-of-home care provider:
 - Relevant information (e.g., location, who was in attendance, any interactions that were notable).
- Yes No Was the permanency plan developed in consultation with the _____ ? If "No", explain.
- Yes No Was the permanency plan developed in consultation with two other individuals selected by the _____ who are not the _____ 's caseworker or foster parent? If "No", explain. If "Yes", name the two individuals.

REMOVAL

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

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

If the child is an Indian child, describe the remedial services and rehabilitation programs offered in an effort to prevent the break up of the Indian child's family.

OUT-OF-HOME CARE PLACEMENT

1. Date of removal:

2. Placement history

Begin Date	End Date	Placement Type	Out-of-Home Care Provider	Educational Stability Considerations

3. Placement services history

Begin Date	End Date	Service Type	Service Provider

4. Placement Considerations

Placement Preferences

If the child is an Indian child, provide a statement as to whether the Indian child's placement is in compliance with the order of the placement preference, and if the placement is not in compliance with that order, a statement as to whether there is good cause for departing from that order.

Placement Is	Placement Preference	Describe the action taken to comply with statutory placement preferences

Expecting or Parenting Youth

Expecting Youth

Parenting Youth

Child(ren):

Child Resides with this Minor Parent

Describe the out-of-home care prevention strategy to ensure the minor child remains living with their parent in care.

Consideration of relatives

Yes No Is the _____ placed with a relative? If the _____ is **NOT** placed with a relative, describe why placement was not available, appropriate or safe. Identify which relatives have been sent notification of the _____'s placement into out-of-home care in the box below.

Relative Contact Information	Relationship to	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.

If a relative could not be located, describe subsequent / current efforts made to locate a relative.

Siblings

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

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

If "No," explain.

Location of Placement

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

No setting is available within 60 miles of the _____'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 _____'s home is either unavailable or inappropriate; **OR**
- Why a placement more than 60 miles from the _____'s home is in the _____'s best interest.

5. Reasonable and Prudent Parenting Considerations

Yes No Did the agency provide information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the _____? If "No", explain.

Describe the efforts made by the agency to ensure that the _____ has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement which includes consulting with the _____ in an age appropriate manner.

6. 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)

7. 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)

8. Confirming Safe Environments (Safety of Placement)

Date of Child and Adolescent Needs and Strengths (CANS)

Child's Assessed Level of Need (LON)

Provider's Level of Care (LOC)

Child / Provider Match

Describe below.

a. Placement Danger Threats

- b. _____
 Yes No N/A The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child.
- c. _____
 Yes No Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the behaviors of the child in a safe manner? If "Yes", describe.
- d. _____

PLACEMENT IN A SETTING CERTIFIED AS A QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Placement Provider Name	Level of Care (LOC)
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Placement Start Date	Placement Recommended By
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Family Permanency Team

Member Name	Relationship	Contact Information
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Describe the reasonable and good faith efforts to identify and include all required individuals of the child's Family Permanency Team.

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

Preferred Placement of Family Permanency Team

- 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
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Describe the reasons why the placement preferences of the Family Permanency Team, and of the child, were not recommended.

Child's Level of Need

Date of Child and Adolescent Needs and Strengths (CANS)	Child's Assessed Level of Need (LON)
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Yes No The ongoing CANS assessment for the child continues to support the child's placement in a qualified residential treatment program (QRTP).
Describe

Court Review

Court review for placement in a setting certified as a QRTP not yet complete.

Court order with QRTP findings not yet received from the court.

Date of court review for placement in a QRTP:

Yes No Determination was made by the court that the needs of the child could not be met through placement in a foster home, and that placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment consistent with the short- and long-term goals for the child.
Describe

Yes No The court made a finding approving of the placement in a setting certified as a QRTP.
Describe

QRTP Out-of-Home Placement

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

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 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 QRTP is consistent with the child's short- and long-term goals.
Describe

PERMANENCY

1. The agency's determination of whether to engage in concurrent planning indicates:

2. Yes No Despite the agency's determination to engage in concurrent planning, has the court determined that having a concurrent permanency goal is not appropriate? Date:

3. a. _____'s _____ permanence and, if applicable, concurrent permanence goal of record.

Permanence Goal:

Reunification

Rationale for choosing this goal:

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Conditions to reunify safely.

Adoption

Rationale for choosing this goal:

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Yes No Has an Adoption Referral been made?

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

Name – Adoption Worker	Date Assigned
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Yes No is placed with an adoptive resource.

Yes No Adoptive resource needs to be identified.

Yes No Barriers to adoption – If “Yes”, describe.

Guardianship

Rationale for choosing this goal:

Yes No is with resource that will become permanent guardian.

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Yes No Has an eligibility determination been made for Subsidized Guardianship?

If “Yes”, what is the eligibility determination for the and proposed guardian and supporting rationale?

Placement with a Fit and Willing Relative

Rationale for choosing this goal:

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Other Planned Permanent Living Arrangement (OPPLA)

Identify the name of the adult(s) committed to a long-term relationship with the .

Describe the compelling reason why it would not be in the best interests of the to return the to his or her home or to place the for adoption, with a guardian, or with a fit and willing relative and the efforts made to achieve that goal, if appropriate, through an out-of-state placement.

Describe the intensive and ongoing efforts made by the agency, including searching social media, to return the to the 's home or to place the for adoption, with a guardian, or with a fit and willing relative and that those efforts have proved unsuccessful.

Rationale for choosing this goal:

Concurrent Goal:

Reunification

Rationale for choosing this goal:

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Conditions to reunify safely.

Adoption

Rationale for choosing this goal:

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Yes No Has an Adoption Referral been made?

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

Name – Adoption Worker

Date Assigned

Yes No is placed with an adoptive resource.

Yes No Adoptive resource needs to be identified.

Yes No Barriers to adoption – If “Yes”, describe.

Guardianship

Rationale for choosing this goal:

Yes No is with resource that will become permanent guardian.

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

Yes No Has an eligibility determination been made for Subsidized Guardianship?

If “Yes”, what is the eligibility determination for the and proposed guardian and supporting rationale?

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Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement:

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Identify the name of the adult(s) committed to a long-term relationship with the .

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Describe the intensive and ongoing efforts made by the agency, including searching social media, to return the to the 's home or to place the for adoption, with a guardian, or with a fit and willing relative and that those efforts have proved unsuccessful.

Rationale for choosing this goal:

b. 's permanence and, if applicable, concurrent permanence goal.

Permanence Goal:

Concurrent Goal:

Describe rationale for the 's goal(s)

4. Anticipated date the permanence goal will be achieved:

5. 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 Safe Families Act Exceptions: State the reason why TPR is not being pursued at 15 of 22 months. This is a point in time determination made by the agency and shall not be modified once established. This exception does not prohibit the agency from pursuing a TPR at a later date, if it is deemed in the _____'s best interests.
Date of ASFA Exception: _____
- 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.

6. a. Date of latest Permanency Review: _____
- b. Permanency Plan Review Report provided to the court on Date: _____
- c. The panel found that reasonable or, in the case of an Indian child, active efforts to achieve the goal(s) of the permanency plan were: _____
- d. As a result of the review, were recommendations made that:
 Yes No Conflict with the court order?
 Yes No Provide for additional services not specified in the court order?
 Yes No Otherwise require a modification of the court order or permanency plan?
 Yes No Was a revision to the court order requested? If "Yes," describe the outcome of the hearing.
- e. Date of latest Permanency Hearing: _____
- f. Summarize significant case information, developments or events since the latest Permanency Review / Permanency Hearing or updates since the initial plan was created if this is the first Permanency Review / Permanency Hearing.

WELL-BEING

1. **'s Health Summary**
- a. Check each item below that applies.
 _____ has chronic physical, mental or emotional issues. Describe in detail.
 _____ has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.
- Yes No Is the _____ prescribed medication? If "Yes", provide the following information on all prescription medications:
- | Name of Medication | Dosage / Frequency | Psychotropic | Reason Medication is Prescribed | Length Prescribed | Physician / Address |
|--------------------|--------------------|--------------|---------------------------------|-------------------|---------------------|
| | | | | | |
- b. Provide the name and address of current health care providers.
- c. Immunization Information

Yes No _____'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
_____ 's immunization record listed below.

Immunization

Date(s) Administered

2. **'s Educational Summary**

- a. _____
- 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 _____ should be (do not include a child who voluntarily begins kindergarten at age 6)? If no, what is the primary reason for the _____ not being on grade level?

- d. Yes No N/A Is the most recent grade report attached?
If "No," a request for school records was made to _____ on _____ .

3. **Visitation / Family Interaction**

Describe family interaction plans.

a. **Parent / Caregiver 1:**

Minimum Level Required: _____ Frequency: _____
Supervised by: _____
Least Restrictive Location Permissible: _____

b. **Parent / Caregiver 2:**

Minimum Level Required: _____ Frequency: _____
Supervised by: _____
Least Restrictive Location Permissible: _____

c. **Description of Sibling Interaction Plan**

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when and at what frequency sibling interactions will occur.

4. **Independent Living (IL) Services**

A youth is eligible for Independent Living Services when in Out-of-Home Care for six months after age of 14.

Youth is: Eligible Not Eligible

Date youth became eligible for Independent Living Services: _____

Yes No _____ Did the _____ receive the Handbook for Youth in Foster Care which describes the rights listed in § 48.38(4)(h)7. / § 938.38(4)(h)7.? Date received: _____

Current Services / Activities

Independent Living Service Category

Service / Activity

Begin Date

Name - Helper

Specifically Explain Goal / Service / Activity

Historical Services / Activities

Independent Living Service Category

Service / Activity

Begin Date

End Date

Name - Helper

Specifically Explain Goal / Service / Activity

Transition to Discharge Plan

Eligibility for Extension of Out-of-Home Care

Yes No Does the youth have an IEP?

Yes No Is the youth expected to graduate before age 19?

Yes No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth _____ eligible to continue care up to graduation or age 21 whichever occurs first.

Youth has been made aware of options for remaining in care.

Yes No Date:

Youth Chooses to:

Remain in care under court order.

Remain in care under a voluntary agreement.

Discharge from care Anticipated Transition to Discharge Hearing Date:

Subsequent Eligibility for Extension of Out-of-Home Care

Yes No Does the youth have an IEP?

Yes No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth _____ eligible to continue care up to graduation or age 21 whichever occurs first.

Housing

Goal: Safe and secure living environment upon leaving care.

Anticipated location youth will transition to:

Address Youth Will Transition To

Housing Resource (if applicable)

Telephone Number at Housing Resource

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed

Yes No Goal achieved?

Date Goal Achieved

Alternate location youth will transition to:

Address Youth Will Transition To

Housing Resource (if applicable)

Telephone Number at Housing Resource

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Health

GOAL 1: Obtainment of private insurance or Badger Care Plus (Youth Exiting Out-of-Home Care):

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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GOAL 2: Educate youth regarding the importance of designating another individual to make health care treatment decisions on his / her behalf.

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Education (secondary / post-secondary)

GOAL 1: Completion of high school (GED / HSED).

Description of Activities to Achieve Goal

Name - Helper

Anticipated Date of High School Diploma or GED / HSED	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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GOAL 2: Exploration / enrollment in post-secondary education program.

Description of Activities to Achieve Goal

Name - Helper

Anticipated Date of Post-Secondary Enrollment (If N/A provide explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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GOAL 3: Financial Assistance Explored and / or Obtained

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Mentors and / or Other Supportive Adults Identified

Goal: Explore and identify opportunities for mentoring and adult support after leaving foster care. Identify at least three individuals.

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Supportive adults, other than helping professionals, who are available and willing to work with the youth as he / she transitions toward and through his / her discharge to self-sufficiency and beyond.

Name	Relationship	Contact Information
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Opportunities for Continuing Support Services

Goal: Explore and identify continued support available through agency IL program.

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Income

Goal: Source of income identified and obtained.

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Indicate youth's source of income at discharge from Out-of-Home Care (OHC)

Employment Services and Workforce Support

Goal: Youth has employment or is connected to employment services and support:

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Essential Documents Secured and Provided to Youth

Goal: Youth receives all the documents needed for successful transition to independence prior to the transition date.

Required

- Original birth certificate and information on how to obtain a duplicate
- State ID card and information on how to obtain a duplicate
- Medical card
- Social security card and information on how to obtain a duplicate
- Health records (e.g., medications, illnesses, diagnoses, immunizations, hospitalizations, surgeries, referrals, family medical history)
- Education records (e.g., schools attended, transcripts, IEP, certificates, diplomas, degrees earned)
- Documentation of immigrations, citizenship, or naturalization, if appropriate
- Death certificate if parent is deceased

- Proof of tribal registration and membership, if appropriate
- Copy of ILTD plan
- Selective Service card (required for males only; must register at age 18)
- Annual credit report and efforts made by the agency to amend any inaccuracies in the report

Other

- Placement history, if appropriate
- Copy of permanency plan, if appropriate
- Change of address card
- Employment Information
- Driver's license
- National Youth in Transition Database (NYTD) information provided

Other Areas of Focus

Goal: Youth's own identified needs.

Dates to be completed:

Description of Activities to Achieve Goal

Name - Helper

Date to be Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved
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Date of follow-up appointment following discharge:

Indicate desired method of contact following discharge:

SAFETY

1. Can in-home services work for this family?

Yes No

- The parents / caregivers are willing for services to be provided and will cooperate with service providers.
- The home environment is calm enough for services to be provided and for the service providers to be in the home safely.
- Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.
- Parents / caregivers are residing in the home.

Clearly outline what is needed for the _____ to return home with an in-home safety plan

2. Safety Services

The Identified Safety Threat; Diminished Protective Capacity; and the associated Safety Service / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified are listed below:

Identified Safety Threat

Safety Service / Action Type	Safety Service Provider
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Describe the availability, accessibility and suitability of the safety service provider involved.

Specifically explain the safety service / action and how it will control the threat identified.

Type of Diminished Protective Capacity:

Parent / Caregiver Protective Capacity was assessed and enhancement is needed in the following area(s):

Demonstrated Behavioral Change needed for safe case closure.

3. Safety Decision

- The use of an In-Home Safety Plan is indicated (Proceed with developing a reunification plan and a sufficient, feasible, and sustainable in-home safety plan.)
- Continued placement in out-of-home care is indicated
- Safe case closure

PLANNING AND SERVICES

Identify and describe the court ordered conditions, the actions taken and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to make reasonable efforts, or active efforts in the case of an Indian child to achieve the goal(s) of the Permanency Plan, including services that were recommended or considered but were not available.

Describe the _____'s general functioning.

Condition / Objective:

Goal:

Service category:

Title IV-E Prevention Clearinghouse Service:

Specifically explain service:

Responsible person / provider:

Frequency / Duration:

Begin date:

Target end date:

Describe progress:

Status of service:

Yes No Service or treatment needs met by placement in setting certified as a QRTP

For each parent / caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent / caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

Name of Parent / Caregiver:

Condition / Objective:

Goal:

Service category:

Title IV-E Prevention Clearinghouse Service:

Specifically explain service:

Responsible person / provider:

Frequency / Duration:

Begin date:

Target end date:

Describe progress:

Status of service:

Describe the family's general functioning, strengths, and current stresses. Consider the family's cultural context.

Family Condition / Objective:

Goal:

Service category:

Title IV-E Prevention Clearinghouse Service:

Specifically explain service:	
Responsible person / provider:	
Frequency / Duration:	
Begin date:	Target end date:
Describe progress:	
Status of service:	

SIGNATURES

_____ Name – Worker	_____ Date Completed
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_____ SIGNATURE – Worker	_____ Date Signed
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_____ Name – Supervisor	_____ Date Completed
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_____ SIGNATURE – Supervisor	_____ Date Signed
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