**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

Bureau of Permanence and Out of Home Care

**Permanency Consultation**

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

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| **Child Information** |
| Name – Child      | Child ID      | Rescheduled [ ] Yes [ ]  No  |
| Case Name       | Case ID      |
| Permanency Consultation Date      | Permanency Consultation Type      | Permanency Consultation Finalized      |
| **Contacts** |
|  | **Name** |
| Assigned Worker |       |
| Assigned Supervisor |       |
| Agency Administrator |       |
| Permanency Consultant |       |
| External Consultant |       |
| Policy Expert |       |
| Scribe |       |
| Other |       |
| **Full disclosure has been made:**  |
| [ ]  Within past month [ ]  1 – 3 months ago [ ]  4 – 6 months ago [ ]  7 – 9 months ago [ ]  10 – 12 month ago [ ]  More than a year ago [ ]  Uncertain [ ]  N/A |
| **Ask Case Manager:** When was the last time you talked with the child about with whom he / she would like to have permanency? |
| [ ]  Within past month [ ]  1 – 3 months ago [ ]  4 – 6 months ago [ ]  7 – 9 months ago [ ]  10 – 12 month ago [ ]  More than a year ago [ ]  Uncertain [ ]  N/A |
| **CURRENT Goal of Record** |
|  [ ]  Adoption  | [ ]  Independent Living | [ ]  Long Term Foster Care | [ ]  Permanent Placement with fit and willing relative  |
|  [ ]  Reunification  | [ ]  Sustaining Care (TPR) | [ ]  Transfer of Guardianship |  |
| **CURRENT Concurrent Goal of Record** |
|  [ ]  Adoption  | [ ]  Independent Living | [ ]  Permanent Placement with fit and willing relative  | [ ]  Reunification  |
|  [ ]  Sustaining Care (TPR) | [ ]  Transfer of Guardianship | [ ]  N/A |  |
| **Proposed Permanency Goal Recommended by Team** |
|  [ ]  Adoption [ ]  Independent Living [ ]  Sustaining Care (TPR) [ ]  Permanent Placement with fit and willing relative [ ]  Reunification [ ]  Transfer of Guardianship  |
| **Proposed Concurrent Permanency Goal Recommended by Team** |
|  [ ]  Adoption [ ]  Independent Living [ ]  Sustaining Care (TPR) [ ]  Permanent Placement with fit and willing relative [ ]  Reunification [ ]  Transfer of Guardianship  |
| **Instructions to Consultation Team** |
| Please rate the **child’s current legal permanency status** based on the Ongoing Case Manager and Supervisor presentation and clarifying / exploring questions before beginning to discuss any specific strategies or actions to take following the consultation (Brainstorming, Phase IV). This rating scale must be completed by the team. This scale will be used to update the child’s permanency status periodically. |
| **Child’s Current Legal Permanency Status** [Scale adapted from Human Systems and Outcomes, Inc., scale used in Indiana Quality Service Review Protocol (2007)].Rate the child’s **current** legal permanency status as described below based on existing evidence. |
| Child has legal permanency (reunification with safe case closure expected, adoption, or legal guardianship).  | [ ]  Permanency achieved |
| Child is in a family setting that the child, the caregivers, and the casework team believe is lifelong, and the caregivers and child are committed to formalizing the relationship through adoption or transfer of guardianship;– OR –Child is in a stable living situation with own parents (not a trial reunification) and identified safety threats have been eliminated.  | [ ]  Very good permanency status |
| Meets criteria of “Very good permanency status” but in accordance with policy a consultation is not required. | [ ]  Very good permanency status – No consultation required |
| Child is in a family setting that the child, caregivers, and case workers believe is lifelong; a plan is in place to maintain safety and stability; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption / guardianship / reunification issues, if any, are near resolution.– OR –Child is in a stable living situation with own parents (not a trial reunification) and identified safety threats are being controlled through an in-home safety plan. | [ ]  Good permanency status |
| Meets criteria of “Good permanency status” but in accordance with policy a consultation is not required. | [ ]  Good permanency status – No consultation required |
| Child is in a family setting that the child, caregivers and case workers believe could endure lifelong; a plan is in place to ensure safety and stability are achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption / guardianship / reunification issues, if any, are being addressed;– OR –Child is in temporary placement but a transition is planned and child is ready to move to identified safe, appropriate, caregivers who are willing to provide legal permanency; a child and family plan for safety and permanency is being implemented; and the child, if old enough and caregiver(s) are committed to the plan. | [ ]  Fair permanency status |
| Child is in a family setting that the child, caregivers and casework team feel could endure lifelong, a plan to achieve safety and stability is being developed, and it is uncertain if the relationship will be formalized legally.– OR –Child is in temporary placement, and likelihood of reunification or a legally permanent home is uncertain; adoption / guardianship issues are being assessed; and concurrent permanency plans, if any, are uncertain or problematic. | [ ]  Uncertain permanency status |
| Child is living in a home that is not likely to endure or is moving from home-to-home due to safety and stability problems, failure to resolve adoption / guardianship issues, or because the home is unacceptable to the child;– OR –Child remains in a temporary home without a realistic or achievable legal permanency goal; and concurrent permanency plans, if any, have stalled or failed. | [ ]  Poor permanency status |

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| **Brainstorming** |
| Please consider the following questions during Phase IV: Brainstorming |
| What will it take to achieve permanency?      |
| What can we try that HAS been tried before?      |
| What can we try that has NEVER been tried before?      |
| How many things can we do concurrently?      |
| How can we engage the youth in planning for permanence?      |

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| **Action Steps** |

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| **Action – The Specific Task Planned** | **Assigned To** | **Target Completion Date** | **Status** | **Completion** **Date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Systemic Barriers Identified**

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| **Barrier Category** | **Barrier Type** |
|       |       |

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| **Next Consultation Date:**       |