

CHILD'S PERMANENCY PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

<i>Family Name:</i>	<i>County:</i>
<i>Case Number:</i>	<i>Date Child Entered Placement:</i>
<i>Date of Initial/Revised Plan:</i> <input type="checkbox"/> <i>Initial Child's Permanency Plan</i> <input type="checkbox"/> <i>Revised Plan</i>	<i>Date of Next Plan Review:</i>

CHILD'S NAME:

<i>First:</i>	<i>Middle Initial:</i>	<i>Last:</i>
<i>Gender: M</i> <input type="checkbox"/> <i>F</i> <input type="checkbox"/>	<i>DOB:</i>	

EFFORTS MADE/SERVICES PROVIDED TO PREVENT PLACEMENT:

CIRCUMSTANCES THAT MAKE PLACEMENT NECESSARY:

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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PROGRESS MADE DURING REVIEW PERIOD:

CIRCUMSTANCES AND CONCERNS DURING REVIEW PERIOD:

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>	
IDENTIFYING INFORMATION					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
MOTHER:					
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		()
FATHER(S):					
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone: ()</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>Biological:</i>		<i>Legal:</i>		<i>Alleged:</i>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone: ()</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>Biological:</i>		<i>Legal:</i>		<i>Alleged:</i>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone: ()</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>Biological:</i>		<i>Legal:</i>		<i>Alleged:</i>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER: <input type="checkbox"/> N/A					
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone: ()</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>Relationship to Child:</i>					
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone: ()</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
<i>Relationship to Child:</i>					
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>	
CHILD'S LOCATION: <input type="checkbox"/> The juvenile court has ordered information in this plan to be withheld.					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	()	
Name of Resource Parent(s)/Caregiver Or Facility:					
PLACEMENT AGENCY:					
<i>Name:</i>		<i>Agency Caseworker:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>		<i>Zip:</i>	
PLACEMENT TYPE:					
<input type="checkbox"/> <i>Resource Family Home</i>		<input type="checkbox"/> <i>Residential Facility</i>		<input type="checkbox"/> <i>Psychiatric Hospital</i>	
<input type="checkbox"/> <i>Kinship Foster Care</i>		<input type="checkbox"/> <i>Detention</i>		<input type="checkbox"/> <i>Medical Hospital</i>	
<input type="checkbox"/> <i>Foster Care</i>		<input type="checkbox"/> <i>Residential Treatment Facility (RTF)</i>		<input type="checkbox"/> <i>Drug and Alcohol Treatment Facility</i>	
<input type="checkbox"/> <i>Pre-Adoptive</i>		<input type="checkbox"/> <i>Diagnostic Treatment Facility</i>		<input type="checkbox"/> <i>Community Residential Rehabilitation</i>	
<input type="checkbox"/> <i>Adoptive</i>		<input type="checkbox"/> <i>Other (Explain):</i>			
<input type="checkbox"/> <i>Group Home</i>					
<input type="checkbox"/> <i>Supervised Independent Living (SIL)</i>					
<input type="checkbox"/> Placement continues to be necessary. Expected length of placement is months.					
THE PLACEMENT SETTING is the least restrictive, most family-like and age-appropriate setting available to the child, which is consistent with the child's safety, best interest, and well-being as indicated below (check all that apply):					
<input type="checkbox"/> <i>Provides for Child's Special Treatment Needs</i>		<input type="checkbox"/> <i>Placement Resource Able to Provide Permanency</i>		<input type="checkbox"/> <i>Other (Explain):</i>	
<input type="checkbox"/> <i>Independent Living Placement Setting</i>		<input type="checkbox"/> <i>Placement With Sibling(s)</i>		<input type="checkbox"/> <i>Other (Explain):</i>	
<input type="checkbox"/> <i>Placement is Within Child's Own Community</i>		<input type="checkbox"/> <i>Child/Family Has Relationship With Caregiver(s)</i>		<input type="checkbox"/> <i>Other (Explain):</i>	

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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PLACEMENT PROXIMITY

The location of the placement is in proximity to the child's community; which will serve to encourage visitation between the child, parents, guardian or custodian and siblings, consistent with the safety, best interest and special needs of the child. Yes No

If No, provide explanation:

The child is in placement in another state or more than 150 miles from the child's community; which is necessary and consistent with the safety, best interest, well-being and special needs of the child. Yes No

If Yes, provide explanation:

HEARINGS

Court reviewed the case on _____ and made the following determinations in accordance with the Juvenile Act.

The results were:

The next hearing will be a(n): Adjudication Disposition Permanency on _____.

PERMANENCY GOAL

<i>Primary Permanency Goal</i>	<i>Date Court Approved</i>	<i>Concurrent Permanency Goal</i>	<i>Date Court Approved</i>
<input type="checkbox"/> <i>Return to parent, guardian or other custodian.</i>		<input type="checkbox"/> <i>Return to parent, guardian or other custodian.</i>	
<input type="checkbox"/> <i>Place for adoption.</i>		<input type="checkbox"/> <i>Place for adoption.</i>	
<input type="checkbox"/> <i>Placement with a permanent legal custodian.</i>		<input type="checkbox"/> <i>Placement with a permanent legal custodian.</i>	
<input type="checkbox"/> <i>Place permanently with a fit and willing relative.</i>		<input type="checkbox"/> <i>Place permanently with a fit and willing relative.</i>	
<input type="checkbox"/> <i>Placement in another planned living arrangement intended to be permanent.</i>		<input type="checkbox"/> <i>Placement in another planned living arrangement intended to be permanent.</i>	

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>	
HEALTH INFORMATION					
PRIMARY CARE PROVIDER:					
<i>Practice:</i>		<i>Physician:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<i>Last Known Physician:</i>	
DENTAL CARE PROVIDER:					
<i>Practice:</i>		<i>Dentist:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<i>Last Known Dentist:</i>	
VISION CARE PROVIDER:					
<i>Practice:</i>		<i>Doctor:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<i>Last Known Doctor:</i>	
OTHER CARE PROVIDER: (LIST SPECIALITY:).					
<i>Practice:</i>		<i>Practitioner:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
OTHER CARE PROVIDER: (LIST SPECIALITY:).					
<i>Practice:</i>		<i>Practitioner:</i>		<i>Phone: ()</i>	
<i>Address 1:</i>		<i>Address 2:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>		
IMMUNIZATIONS: <input type="checkbox"/> <i>Date Current Records Obtained (Attach):</i> <input type="checkbox"/> <i>Date Records Requested:</i>					

Date of Initial/Revised Plan:

Case Number:

Family Name:

EDUCATIONAL INFORMATION *Not Enrolled* *Not School Age*

Name of School:

School District:

Contact Person:

Title:

Phone: ()

Address 1:

Address 2:

City:

State:

Zip:

Child's Grade:

Child has disability or need requiring services: Yes No

Early Intervention Services (EI) and the child has an Individualized Service Plan (ISP)

Special Education Services and the child has an Individualized Education Program (IEP)

Child has a 504 Plan (Plan for Accommodations)

Other (explain): _____

Child is eligible for Educational Parent Surrogate

Name of Educational Parent Surrogate:

Phone: ()

Address 1:

Address 2:

City:

State:

Zip:

STATEMENT OF PLACEMENT IN SAME SCHOOL:

Child's placement will allow child to remain in same school: Yes No

Change in school was necessary Yes No If Yes, provide explanation:

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>			<i>Family Name:</i>	
VISITATION PLAN						
Visitation is limited to those participants listed below. Prior approval by the caseworker is required for other persons to be included in visits.						
Participant(s)	Refused/Limited	Frequency /Duration	Level of Supervision	Location	Transportation Responsibility	Accommodations/Barriers
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> <i>Date:</i> <i>Hon.</i>				<i>Transportation is the responsibility of</i>	

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>	<i>Family Name:</i>
PREPARATION FOR INDEPENDENCE			
<p>This section of the service plan is required for any child in substitute care age 16 and older, however may be completed for any child in substitute care.</p> <p>Specific actions related to services identified in this section are to be included in the service plan.</p>			
<i>Independent Living Services</i>	<i>Results of Formal Independent Living Needs Assessment</i>	<i>Services Provided for During Plan Period</i>	<i>Explanation of Why Services Will Not Be Provided For During Plan Period</i>
<i>Life Skills</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Prevention</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Education/ Training</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Employment</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Support</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Housing</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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SERVICE PLAN

This section describes objectives and actions otherwise not identified in the Family Service Plan dated ____; or which otherwise must occur in order to achieve the child's permanency goal.

OBJECTIVE:

Related Concerns:

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>

Comments:

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
NOTICE OF RIGHT TO APPEAL		
<p style="text-align: center;">NOTICE TO PARENTS ABOUT APPEALS</p> <p>As a parent of a child receiving services from: <i>(name of County Children and Youth Agency)</i></p> <p>You have the right to appeal the following:</p> <ul style="list-style-type: none"> • Any determination made by the County Children and Youth Agency which results in a denial, reduction, discontinuance, suspension, termination of service; or • The County Agency's failure to act upon a request for service with reasonable promptness. <p>A) You have the right to appeal the County Children and Youth Agency's determination by submitting a written appeal to your Children & Youth caseworker at the address below, within fifteen (15) calendar days from the date this notice was given or mailed to you: <i>(name and address of County Children and Youth Agency)</i></p> <p>The written appeal should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.</p> <p>B) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren)</p>	<p style="text-align: center;">ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN OUT OF HOME PLACEMENT</p> <p>As the parent(s) of a child(ren) in out-of-home care, you:</p> <ul style="list-style-type: none"> • Have the right to petition the Court regarding any actions of the county agency affecting your child(ren). • Will be notified, in writing, of all Court Reviews which you are expected to attend. • Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court. • Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption. • You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights. 	
During the appeal process, the Service Plan developed with the Children and Youth caseworker and signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.		
<p>Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:</p> <p style="text-align: right;">_____ PA, _____ Phone: _____</p>		

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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SERVICE PLAN PARTICIPANTS

Name	Relationship	Phone		Date and Method of Invitation to Participate	Date and Method of Actual Participation	
		Regular	Emergency			
		()	()			
		()	()			
		()	()			
		()	()			
		()	()			
		()	()			

SERVICE PLAN SIGNATURES

SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN

If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.

Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date	
				Given	Mailed
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Comments:

Caseworker:	Date:
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I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.

Supervisor:	Date:
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