



# CASE PLAN/PREVENTION PLAN

State Form 2956 (R13 / 9-21)  
DEPARTMENT OF CHILD SERVICES

SECTION 1 – CHILD AND FAMILY INFORMATION			
Name of child			Cause number
Date of birth (month, day, year)	Date of disposition (month, day, year)	Effective dates of plan (month, day, year) From            to	Child in need of services: <input type="checkbox"/> In-home <input type="checkbox"/> Out-of-home
Name(s) of sibling(s) and date(s) of birth (month, day, year)			
Is child a pregnant or parenting youth in need of prevention planning services? (Mark "Yes" for any child who is pregnant, an expectant father, or a minor parent)			
<input type="checkbox"/> Yes (Prevention Plan Narrative box below regarding parenting youth must be completed) Name of minor parent's child: Date of birth of minor parent's child (or due date for an unborn child) (month, day, year):			
<input type="checkbox"/> No			
History of the matter (Describe how DCS became involved with the child and include any identified safety and risk factors.)			
Date of most recent Child and Family Team (CFT) Meeting (month, day, year)	CFT Meeting Notes (SF 54601) attached to Case Plan/Prevention Plan (SF 2956)? (Notes MUST be attached if the child is in residential treatment)		Has child safety been addressed in the most recent CFT Meeting?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of parent(s)			
Members of the CFT (Please list all.)			
Name	Contact Information	Relationship to the Child	
Family members and kin who are not members of the CFT (Please list all.)			
Name	Contact Information	Relationship to the Child	

SECTION 2 - SAFETY		
What are the child's safety needs?		
How has the child's safety been addressed?		
Is there a Safety Plan (SF 53243) in place? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	If Yes, attach to Case Plan/Prevention Plan (SF 2956)	Date of the most recent supervisor review of the Safety Plan (SF 53243) to ensure appropriateness (month, day, year)
Is there a Plan of Safe Care (SF 56565) in place? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	If Yes, attach to Case Plan/Prevention Plan (SF 2956)	Date of the most recent supervisor review of the Plan of Safe Care (SF 56565) to ensure appropriateness (month, day, year)
Explain the efforts the school has put in place to support the child and ensure the child's safety.		

### SECTION 3 - PLACEMENT

#### Placement Status Information

What is the Child and Adolescent Needs and Strengths (CANS) score / recommendation?

Is child in Residential treatment? (If "YES", the most recent QRTP Determination Report, Residential-Treatment Focused CFT Meeting Notes, and Step-Down Planning (SF 57072) MUST be attached to the Case Plan/Prevention Plan (SF 2956).)  Yes  No

#### Placements

Name	From (month, day, year)	To (month, day, year)	Type of Resource

*Document the intensive, ongoing, and current unsuccessful efforts made by DCS to:*

Return the child home

Secure placement with a fit and willing relative (including adult siblings)

Secure placement with a legal guardian

Secure placement with an adoptive parent

Locate biological family members for the child, including efforts that utilize search technology (including social media)

Number of months child/youth has been in out-of-home placement

Number of months out of last twenty-two (22) months in out-of-home placement

Has the child moved since the last Case Plan/Prevention Plan (SF 2956)?  Yes  No

If yes, explain

Is the placement the least restrictive setting to meet the child's needs?  Yes  No

If no, explain

Are the child and siblings placed together?  Yes  No  N/A

If no, explain

Explain the opportunities offered for strengthening the relationship between the child and each parent.

Prevention Plan: For all minor parents, pregnant youth, and expectant fathers – Explain the prevention plan and services being offered to prevent removal of the minor parent's child.

If either parent is incarcerated, explain how the parent and child may be afforded visitation opportunities while parent is incarcerated. If visitation with the incarcerated parent is not in the best interests of the child, explain the reasoning for not supporting visitation.

Has the Visitation Plan been completed and/ or updated as needed to maintain established connection with the parent?  Yes  No

Has the Visitation Plan been entered into the Case Management System?  Yes  No

Is the child able to maintain essential connections (i.e., is the placement in close proximity to the parents or community)?  Yes  No  N/A

If no, why is this placement in the best interest of the child?

Are the essential connections and culture / characteristics of the child being preserved in the placement?  Yes  No

If no, explain

Was the medical passport given to the child's resource placement?  Yes  No, the child is not in placement.

If yes, date given (month, day, year)

#### Indian Child Welfare Act (ICWA)

Is the child a member of, eligible for membership in, or considered by a tribe to be a member of their tribal community?  Yes  No

Select the relationship by which the child is a member of the tribal community

### SECTION 4 - PERMANENCY

Permanency plan

Estimated date for achieving permanency goal (month, day, year)

Second permanency plan (if concurrent planning)

<b>Complete the following when choosing any permanency option:</b>	
Describe how the permanency goal(s) is in the best interest of the child.	
If age and developmentally appropriate, has the child been consulted on the permanency option(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is not in agreement with permanency plan option, please explain.
If a Termination of Parental Rights (TPR) Petition has not been filed or TPR has not been finalized as reflected above, what are the compelling reasons for not filing the TPR Petition?	
<b>Complete the following when choosing Reunification:</b>	
With whom will the child be reunified?	
<b>Complete the following when choosing Adoption:</b>	
Was adoption discussed with the relative caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, why and what are the planned recruitment efforts?
Has a potential adoptive family been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List reason(s) why reunification is not possible or indicate the court ordered reasonable efforts for reunification be abandoned.	
<b>Complete the following when choosing Legal Guardianship:</b>	
Describe the steps taken to determine that it is not appropriate for this child to be reunified home or adopted.	
Was adoption discussed with the relative caregiver as a more permanent method of achieving the permanency plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, why not?
Describe reasons why a permanent placement with a fit and willing relative through a relative guardianship assistance arrangement is in the child's best interests.	
Describe efforts made to discuss with the child's parent or parents the relative guardianship assistance arrangement, or the reasons why the efforts were not made.	
Describe reasons for any separation of siblings during the placement.	
If the child is fourteen (14) years old or older, was the relative guardianship arrangement discussed with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Describe the ways in which the child meets the eligibility requirements for a kinship guardianship assistance program.	
List reason(s) why reunification is not possible or indicate the court ordered reasonable efforts for reunification be abandoned.	
<b>Complete the following when choosing Placement with a Fit and Willing Relative:</b>	
Describe the steps taken to determine it is not appropriate for this child to be adopted or describe the appropriateness of a relative guardianship.	
Was adoption and/or guardianship discussed with the caregiver as a more permanent option for achieving permanency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Why is placement with a Fit and Willing Relative the best and most appropriate placement for the child?	
If the child is fourteen (14) years old or older, was the Fit and Willing Relative arrangement discussed with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If No, why not?	
List reason(s) why reunification is not possible or indicate the court ordered that reasonable efforts for reunification be abandoned.	
<b>Complete the following when choosing Another Planned Permanent Living Arrangement (APPLA) (Only applicable to youth age sixteen [16] and older.):</b>	
Have reasonable efforts been made to seek maternal and paternal relative placement or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List the compelling reasons why it continues to not be in the best interest of the youth to have a permanency plan that is:</b>	
Reunification	
Adoption	
Legal guardianship	
Placement with a fit and willing relative	

**SECTION 5 – GOALS / SERVICES**

Document the services and any reasonable accommodations in place for the child and family. Include services in which the parent and/or child may already be participating.

Note: If a parent is incarcerated, have services been provided to the parent? If so, document in the Case Plan/Prevention Plan (SF 2956). If the incarcerated parent is not receiving services, document the services and treatment available to the incarcerated parent at the facility at which the parent is incarcerated and how the availability of these services and treatment have been communicated to the incarcerated parent.

Objective	Start date (month, day, year)
Status	Last updated (month, day, year)
Challenges and any reasonable accommodations	
Activity	Who will accomplish the activity?

**SECTION 6 – TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD (SF 55166)**

For youth fourteen (14) years of age and older, attach copy of the appropriate Transition Plan for Successful Adulthood (SF 55166).

Youth has completed the age appropriate sections of the Transition Plan for Successful Adulthood (SF 55166) detailing goals and services to transition from foster care to Successful Adulthood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Youth has had the opportunity to select or has selected up to two (2) Child Representatives as members of the Case Planning Team (not a resource parent or FCM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Youth has had the opportunity to select or has selected an advocate / advisor as a member of the Case Planning Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SECTION 7 – HEALTH**

Name of physician	Specialty	Is this provider the primary care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Telephone number (     )
Immunizations		

Complete table for all medications (including over the counter medications and supplements) the child is currently taking.

Medication	Diagnosis / Reason	Dosage / Frequency	Diagnosing Physician	Medication Usage Dates (month, day, year)

Has the primary caregiver been made aware of the side effects of all medications prescribed for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
List the child's allergies	
List the child's surgeries with dates and locations	

**SECTION 8 – MENTAL HEALTH / DEVELOPMENTAL DISABILITY SERVICES**

Has there been an assessment by First Steps, if the child is zero (0) to three (3) years old; or an assessment by a Mental Health Professional, for a child age three (3) years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there was an assessment, was there a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of diagnosis (month, day, year)	Diagnosis
Is the Child enrolled in Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has an application been submitted to the BDDS program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is the child eligible for BDDS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of application to, and eligibility for, Supplemental Security Income (SSI) (month, day, year)		

**SECTION 9 – EDUCATION**

Is the child enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, please explain.	
If Yes, name of current educational provider			Telephone number of school (     )
Address of school ( <i>number and street, city, state, and ZIP code</i> )			
Date on which school personnel (i.e., principal or Every Student Succeeds Act [ESSA] Point of Contact [POC]) was provided with the School Notification and Best Interest Determination (BID) (SF 47412) and was thereby invited to provide information and participate in the case planning process for the child ( <i>month, day, year</i> ):			<input type="checkbox"/> N/A ( <i>for in-home CHINS ONLY</i> )
Start date ( <i>month, day, year</i> )	Child's current grade level	Reading level	
Educational needs			
Does the child have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of last IEP conference ( <i>month, day, year</i> )	If no, has child been evaluated for an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who from DCS attended the last IEP conference?		Date of the next IEP conference ( <i>month, day, year</i> )	
Does the child have an educational surrogate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list name and contact information.	
Has an application been submitted for the 21 <sup>st</sup> Century Scholars Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the child is in grades 3 -10, did the child pass all sections of state administered standardized testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If no, list plans for remediation.	
If the child is in grade 10 or higher, has the child passed all standardized testing required to graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If no, list plans for remediation.	
In what extracurricular, community, or cultural activities does the child participate?			
Has the child received any school disciplinary actions?			
<b>Educational Stability</b>			
How far is the current placement from the school the child attends?			
Did the child change schools as a result of the current placement? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what efforts were made to allow the child to stay in the school they attended at the time of removal?	
Were efforts made to coordinate with local educational agencies to ensure the child remained in the school of origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why was it in the best interest of the child to transfer schools?	
Has the school the child attended at the time of removal been notified of the need to transfer records to the new school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain why not.	
Is there a copy of the child's School Record in the case file? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain efforts to obtain this information.	
Has DCS coordinated with new and previous educational providers to ensure transition from one provider to the next? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain why not.	

**SECTION 10 – SIGNATURES**

Only for IN-HOME CHINS, Imminent Risk-Family Case Manager should be given the below three options to choose from:

1. This child is a candidate for foster care and is at imminent risk of removal from the home. Absent effective preventative services, the Department will petition the court to place the child in foster care.
2. The child is not at imminent risk of removal from the home environment.
3. The child is no longer at imminent risk of removal from the home environment due to the success of preventative services.

**I affirm that:**

- I agree with this Case Plan/Prevention Plan (SF 2956).     I disagree with all of this Case Plan/Prevention Plan (SF 2956).  
 I have no comment.  
 I disagree with a part(s) of this Case Plan/Prevention Plan (SF 2956) (*specify*): \_\_\_\_\_

Are comments attached to this Case Plan/Prevention Plan (SF 2956)?     Yes     No

**I understand that nothing in this acknowledgement/agreement shall limit the duties or discretion of DCS or the court to act in the best interests of the child(ren) involved in this Case Plan/Prevention Plan (SF 2956).**

Signature of Parent, Guardian, or Custodian	Printed name of Parent, Guardian, or Custodian	Date ( <i>month, day, year</i> )
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**I affirm that:**

- I agree with this Case Plan/Prevention Plan (SF 2956).     I disagree with all of this Case Plan/Prevention Plan (SF 2956).  
 I have no comment.  
 I disagree with a part(s) of this Case Plan/Prevention Plan (SF 2956) (*specify*): \_\_\_\_\_

Are comments attached to this Case Plan/Prevention Plan (SF 2956)?     Yes     No

**I understand that nothing in this acknowledgement/agreement shall limit the duties or discretion of DCS or the court to act in the best interests of the child(ren) involved in this Case Plan/Prevention Plan (SF 2956).**

Signature of Parent, Guardian, or Custodian	Printed name of Parent, Guardian, or Custodian	Date ( <i>month, day, year</i> )
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- I agree with this Case Plan/Prevention Plan (SF 2956).     I disagree with all of this Case Plan/Prevention Plan (SF 2956).  
 I have no comment.  
 I disagree with a part(s) of this Case Plan/Prevention Plan (SF 2956) (*specify*): \_\_\_\_\_

Are comments attached to this Case Plan/Prevention Plan (SF 2956)?     Yes     No

**I acknowledge that I have been given a copy of the Bill of Rights for Youth in Care. I understand my rights and the document has been explained to me in a manner that is age and developmentally appropriate.**

**I understand that nothing in this acknowledgement/agreement shall limit the duties or discretion of DCS or the court to act in the best interests of the child(ren) involved in this Case Plan/Prevention Plan (SF 2956).**

Signature of Child ( <i>Child's signature is required after age fourteen [14] and older, but younger children may sign if developmentally appropriate.</i> )	Date ( <i>month, day, year</i> )
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Printed name of Child

**REQUIRED SIGNATURES**

Printed Name	Role	Date of Notice <i>(month, day, year)</i>	CFT Meeting or Case Plan/Prevention Plan Conference Participation	Signature	Date of Signature <i>(month, day, year)</i>
	CASA/GAL		Select One		
	Placement Provider (LCPA, Residential, Resource Parent)		Select One		
	Child Representative (for Youth fourteen (14) and older)		Select One		
	Child Representative (for Youth fourteen (14) and older)		Select One		
	Family Case Manager (FCM)		Select One		
	FCM Supervisor		Select One		

**DISTRIBUTION CHECKLIST**

Copies of the Case Plan/Prevention Plan (SF 2956) were distributed to the following individuals:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Mother                         | Date (month, day, year): _____ |
| <input type="checkbox"/> Father                         | Date (month, day, year): _____ |
| <input type="checkbox"/> Child                          | Date (month, day, year): _____ |
| <input type="checkbox"/> Service Providers (list below) | Date (month, day, year): _____ |

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> CASA / GAL                          | Date (month, day, year): _____ |
| <input type="checkbox"/> Placement Provider                  | Date (month, day, year): _____ |
| <input type="checkbox"/> Child Representative (14 and older) | Date (month, day, year): _____ |
| <input type="checkbox"/> Child Representative (14 and older) | Date (month, day, year): _____ |

List service providers.

Explain reason for not distributing a copy of the Case Plan/Prevention Plan (SF 2956) to any individual listed above.

Signature of FCM

Date (month, day, year)