



CASE PLAN

State Form 2956 (R7 / 6-17)
DEPARTMENT OF CHILD SERVICES

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)				
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 Meeting (CFTM) (month, day, year)		CFTM minutes attached to Case Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has child safety been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s)				

SECTION 1 - PLACEMENT

Placement Status Information

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

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?

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

If no, explain

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?

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 2 - PERMANENCY

Permanency plan	Date (month, day, year)
Second permanency plan (if concurrent planning)	
<i>Complete the following when choosing any permanency option:</i>	
Describe how the permanency goal(s) is in the best interest of the child.	
If age 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?	
<i>Complete the following when choosing Reunification:</i>	
With whom will the child be reunified?	
<i>Complete the following when choosing Adoption:</i>	
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 has the court ordered that reasonable efforts for reunification be abandoned.	
<i>Complete the following when choosing Another Planned Permanent Living Arrangement (APPLA) (Only applicable to youth age sixteen (16) and older.):</i>	
Have reasonable efforts been made to seek maternal and paternal relative placement or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the compelling reasons why it continues to not be in the best interest of the youth to have a permanency plan that is:	
Reunification	
Adoption	
Legal guardianship	
Placement with a fit and willing relative	
<i>Complete the following when choosing Legal Guardianship:</i>	
Describe the steps taken to determine that it is not appropriate for this child to be returned 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 him/her? <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 has the court ordered that reasonable efforts for reunification be abandoned.	
<i>Complete the following when choosing Placement with a Fit and Willing Relative:</i>	
Describe the steps taken to determine that it is not appropriate for this child to be adopted or the appropriateness of a relative guardianship.	
Was adoption or the relative guardianship program discussed with the relative caregiver as a more permanent method of achieving the permanency plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?

SECTION 2 – PERMANENCY (continued)

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 him/her?

Yes No N/A

List reason(s) why reunification is not possible or has the court ordered that reasonable efforts for reunification be abandoned.

SECTION 3 – GOALS / SERVICES

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

SECTION 4 – TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD

Attach copy of the appropriate Transitional Services Plan in its place.

Youth has completed the age appropriate sections of the Transition Plan for Successful Adulthood detailing goals and services to transition from foster care to Successful Adulthood?

Yes No

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 foster parent or FCM)?

Yes No

Youth has had the opportunity to select or has selected an advocate / advisor as a member of the Case Planning Team?

Yes No

SECTION 5 – 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) 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?

Yes No

If no, why not?

List the child's allergies

List the child's surgeries

SECTION 6 – 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	Was there a diagnosis? <input type="checkbox"/> Yes – On: _____ <input type="checkbox"/> No
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 7 – EDUCATION

Name of current educational provider		Telephone number of school ()	
Address (number and street, city, state, and ZIP code)			
Start date (month, day, year)	End date (month, day, year)	Grade	Reading level
Learning needs			
Extracurricular activities			
Is the child enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.		
Child's current grade level	Is the child working at or above grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the child have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of last IEP conference (month, day, year)	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 (month, day, year)	
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 st Century Scholars Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is in grades 3 -10, did he/she pass all sections of state administered standardized testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the child is in grade 10 or higher, have they 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?			
Educational Stability			
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 that the child remained in the school in which he/she was enrolled at the time of placement? <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 8 – SIGNATURES

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

1. The child is at imminent risk of removal from the home environment and 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 the Case Plan.
 I disagree with all of the Case Plan.
 I have no comment.

 I disagree with a part(s) of the Case Plan (*specify*): _____

Are comments attached to this Case Plan? 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.

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 the Case Plan.
 I disagree with all of the Case Plan.
 I have no comment.

 I disagree with a part(s) of the Case Plan (*specify*): _____

Are comments attached to this Case Plan? 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.

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 the Case Plan.
 I disagree with all of the Case Plan.
 I have no comment.

 I disagree with a part(s) of the Case Plan (*specify*): _____

Are comments attached to this Case Plan? 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.

Signature of Child (<i>Child's signature is required after age fourteen (14) and older, but younger children can 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>)	CFTM or Case Conference Participation	Signature	Date of Signature (<i>month, day, year</i>)
	CASA/GAL				
	Placement Provider (LCPA, Residential, Resource Parent)				
	Child Representative (for Youth fourteen (14) and older)				
	Child Representative (for Youth fourteen (14) and older)				
	Family Case Manager (FCM)				
	FCM Supervisor				

DISTRIBUTION CHECKLIST

Copies of the Case Plan were distributed to the following individuals:

- Mother Date (month, day, year): _____
- Father Date (month, day, year): _____
- Child Date (month, day, year): _____
- Service Providers (list below) Date (month, day, year): _____

- CASA / GAL Date (month, day, year): _____
- Placement Provider Date (month, day, year): _____
- Child Representative (14 and older) Date (month, day, year): _____
- Child Representative (14 and older) Date (month, day, year): _____

List service providers.

Explain reason for not distributing a copy of the Case Plan to any individual listed above.

Signature of Family Case Manager

Date (month, day, year)