Check appropriate**:** (31-206.1)

Family Maintenance Services have been unsuccessful/Reasonable Candidate Case Plan Goal:  Case Plan goal is Family Reunification

Permanency Planning (with Reunification efforts)

Youth’s Name:       DOB       PO’s Name:       Date:

Date of Placement Order:            Date youth was detained:

(m/d/yyyy) (m/d/yyyy)

1. Enter corresponding date for each:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initial Case Plan with Family Maintenance Goal completed on: (31-206.1) | Youth was removed from his/her home on: (31-101.5)  (31-210.1) | Date of Child and Family Team Meeting: (WIC 16501.1(c)) | STRTP Placement is recommended. Date Interagency Placement Committee reviewed & approved placement: (WIC 4096) | Out of State Placement:  Date Multi- Disciplinary Placement Committee reviewed and approved placement: (31-206.312(a)) | Resource Family: Relative or Non- Relative Placement (WIC 16501.1) |
|  |  |  |  |  |  |

1. Type of home or living arrangement needed: (31-206.312(a) (31-206.313) (WIC 16501.1 (2) & WIC 706.6 (c)(1 ))

Explain why placement is appropriate at this time, the reason that led to the removal of the youth. Include in your response, any present or past Evidence-Based/Evidence-Informed Mental Health Services and any rationale for out-of-county or out-of-state placement if applicable and what in-state facilities were used.

1. Explain the recommendation of the Child and Family Team (CFT) and any inconsistencies between the CFT and the case plan:

(WIC 706.6(2))

Appropriate placement would include: (31-206.31) Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ability to dispense psychotropic drugs |  | On-grounds school |  | Substance abuse treatment |
|  | Family Counseling |  | Group/Individual therapy |  | Specialty Mental Health Services |
|  | Trauma-informed services |  | Therapeutic services for sexual perpetrator |  | Therapeutic services to address victimization of sexual exploitation |
|  | Independent Living skills |  | Therapeutic services for Pyromaniac |  | Other: |

1. Relatives to be assessed for possible placement: (31-205.1(g))

Name:       Relationship:

Address:       Phone:

Name:       Relationship:

Address:       Phone:

Youth is a Native American. See attached document (31-515)

1. Describe the latest concurrent plan pursuant (WIC 11400 & WIC 16501.1(f)(10)):
2. Family Reunification Goal:

**THE PROBATION OFFICER WILL CASE MANAGE ALL OF THE ACTIVITIES DESCRIBED BELOW** as well as compliance with Court Orders, conduct monthly visits with the youth, placement provider, and contacts with parents. (31-206.51) Probation will arrange transportation and services as needed. (List all supports and services; activities designed to enable the safe reunification to his/her home. (31-201, 31-320, 31-206, 31-206.222(a))

Projected date by which youth may be reunified in the home of a parent/guardian(s):

(m/d/yyyy)

**YOUTH/CHILD**: (31-206.22)

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Area of Need Addressed** | **Projected Completion Date (31-206.23)** | **Date Completed (31-206.21)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROVIDER:** (31-206.34)

Name(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective**  **(31-206.221)** | **Area of Need Addressed** | **Projected Completion**  **Date (31-206.23)** | **Date Completed**  **(31-206.21)** |
|  |  |  |  |
|  |  |  |  |

**PARENT/GUARDIAN(s):** (31-206.22)

Name(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective (31-206.211)** | **Area of Need Addressed** | **Projected Completion Date (31-206.23)** | **Date Completed (31-206.21)** |
|  |  |  |  |
|  |  |  |  |

Parent/Guardian(s) advised they may request adoption and legal guardianship counseling and services on

(31-206.212) (m/d/yyyy)

1. Services and steps to be taken to implement the permanency alternative should reunification fail: (31-206.318(a) (31-206.222(b))

Probation Officer to consider appropriate response for any violations of Court Order.

Probation Officer will review youth’s progress in completing case plan objectives during placement visits and phone contacts.

Continue engagement with family and with family finding efforts  Emancipation or Independent Living Program

Adoption Assessment & Planning

Legal Guardianship Assessment & Planning

Other:

1. Scheduled visits between child/youth and his/her family. (31-206.32) (31-206.33)

Child is placed locally. Youth shall have visits with  Mother(s)  Father(s)  Family  Grandparents

Other:  Has transportation.

Has transportation issues. Visits will be facilitated by:

Transportation Assistance i.e. tap cards, bus passes, taxi/Uber vouchers etc. [ ] Other:

Family members who are included in visiting plans

Visits will be scheduled:  Weekly  Bi-weekly  Monthly  Other

Dates of scheduled visits

Youth is placed out-of-county, in       County.

      County will continue to monitor compliance and case plan progress.

Youth shall have visits with  Mother(s)  Father(s)  Family Grandparents

Other:  Has transportation.

Has transportation challenges and Visits will be facilitated by  Bus Passes  Other:

Family members who are included in visiting plans

Visits will be scheduled:  Weekly  Bi-weekly  Monthly  Other

Scheduled visits

Reason for out of county placement: (specify 31-206.32, 31-206.313(a))

1. Youth is placed out-of-state. CFT/MDT recommendations and reasons youth not placed in state are attached (or stated above), include why placement is in their best interest. (31-206.313(a)) (31-206.312)

Reasons other in-state facilities were reviewed and not recommended: (31-206.312(a))

1. Reasons youth will be placed a substantial distance from home of parent/guardian (31.206.313):

Not applicable  Receiving county has been notified on

(date)

Responsibilities of sending county: (31-505):

Responsibilities of receiving county: (31-505) (31-206.312):

1. Reasons why this specific placement is most appropriate and is in the best interest of the youth:

(31-206.314) (3-206.313(a)) (31-206.316:

1. Efforts made to place youth and siblings together and reasons for separating siblings. (31-206.311) (31-206.318(b))  Not applicable Reason for separation:
2. The Probation Officer will visit the youth \*\* Note*: “Visit” means face-to-face “Contact “means face-to-face, phone, etc.*

(31-206.32) (31.206.24) (31.206.241) (31.206.315)(31-320)

Three visits will take place within 30 calendar days, from the date of the youth’s initial placement order. \*\*\*

Subsequent visits will be conducted:

Monthly - Provider will also be contacted/visited at that time.

Other

\*\* No visit exceptions are permissible for STRTPs, unless a youth is in runaway status and the placement order has been revoked or closed.

\*\*\* Note: This timeline begins on the date of the youth’s initial placement order, which can include contact with the youth, while awaiting placement in juvenile hall.

1. The Probation Officer will visit/have contact with the youth’s Parent(s)/Guardian(s)/Family (31.206.24) (31.206.241) (31.206.315) (WIC 706.6(p))

Monthly  Other

Justification for exception to contact:

Case Plan Goal is not reunification  No Parent/Guardian (previous 300 WIC Dependent)

Other reason(s)

1. Credit Report inquiry for youth ages 14 years or older and younger than 18 years and NMD over 18 years (WIC 10618.6)

A copy of her/his credit report was provided to the youth. Date provided:

No problems identified

Youth referred to agency/organization to help clear youth’s credit report

Name of agency/organization referred:

1. Health Passport: (31-206.35)

The required health care information is  attached  being prepared by      .

It will be given to care provider within 30 days of placement. A copy of this information attached to this document and includes names and address(es) of health care provider(s), immunization records, medical considerations, current medications, where information is documented, a plan to ensure medical care with scheduled periodic health assessments. (31-206.351, 31-206.352, 31-206.36).

Date referred to Public Health Nurse:

Date information given to Care Provider: (31-405.1(n)) (31-405.1(m))

Name/address of Health Care Provider:

Youth will be provided a medical exam and dental exam within 30 calendar days after placement. (31-206.361) Date of Medical Exam:       Date of Dental Exam:

Reproductive Rights: For a youth in foster care 10 years of age or older or a nonminor dependent, the case plan shall be updated annually to indicate that the case management worker has completed the following: (WIC 16501.1(f)(21))

Informed the youth or nonminor dependent that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections.

Informed the youth or nonminor dependent, in an age- and developmentally appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services.

Informed the youth or nonminor dependent how to access reproductive and sexual health care services and facilitated access to that care, including assistance with any identified barriers to care, as needed

1. Education Passport: (31-206.35)

The required educational information is being prepared by

It will be given to care provider within 30 days of placement. This document contains the school plan for the youth that includes names and address of the education provider, (31.206.351(a)) youth’s school records, assurances that takes into account his/her proximity of school at the time of placement. (31-206.351)

Attached (31.206.351(c))  Will be attached to the case plan when completed.

Youth is performing at       grade level and should be at grade level       (31-206.351(b))

Youth has Special Education needs:

Youth has Individual Educational Plan dated:

Identified adult to provide assistance with post-secondary education:

Date information was given to Care Provider:

A recommendation has been made to the Court that the right of the parent to make educational decisions be limited by the Court. (31-206.38)

Date of recommendation report:       Date of Court Order:       (copy in file)

Assigned Educational Rights holder (If other than a parent):

1. Independent Living Plan

The youth is 16 years of age or older. (31-206.37)  Independent Living Plan is attached.

Referred to       for an Independent Living Plan. Once the plan has been completed, the Probation Officer will review and approve the plan. A copy of the plan will be given to the care provider.

The ILP agency will provide regular progress reports to the Probation Officer.

Date the plan was reviewed and approved by PO:

Date the plan given to Care Provider:

1. Permanent Plan: (31-201), (31-206.318(a)), (31-206.318(c))

Return Home  Permanent Placement with a relative

Adoption  Legal Guardianship  Another Planned Permanent Living Arrangement (APPLA):

If the case plan goal is a permanent plan of adoption, guardianship or APPLA, indicate the child’s wishes regarding their permanent placement plan and an assessment of their wishes below: (WIC 16501.1(f)(15)(A))

Child’s permanent placement plan:

Assessment of permanent plan:

When a youth has been in foster care for 15 of the most recent 22 months, complete the following: (WIC 727.32) (31-206.318)

Termination of parental rights is not in the best interest of the youth for the following compelling reasons:

The parent/guardian(s) has/have maintained regular visits and contact with youth and he/she would benefit from continued relationship.

The permanent plan is for the youth to return to his/her home (reunification). (31-206.23)

Compelling reason(s) exist as to why it is not in the best interest of the youth to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative.

Compelling reason(s) include:

A determination by the licensed county adoption agency that all of the following apply:

* 1. The child is unlikely to be adopted. (31-206.318(e))
  2. The child is living with a relative who is unable or unwilling to adopt because of exceptional circumstances.
  3. Removal of the child from the physical custody of his or her relative or foster parent would be detrimental to the child’s emotional well-being.

Probation has not provided the family with reasonable efforts necessary to achieve reunification.

Date this section completed:

1. The youth has been placed at:

Address:

Reason(s) this placement was determined most appropriate and, in the youth’s best interest: (706.6(g) WIC) (31-206.314)

Name and address of school the youth will attend while residing in this placement (WIC 706.6(j)) (31-206.351(a))

School Name:

School Address:

This is same school youth was attending.

The previous school was considered, however, based on other factors in determining the appropriate placement it is necessary for him/her to change schools.

School records have been forwarded to the new school  Yes  No  Other educational information:

1. Pursuant to WIC - 727(a)(4)(E), if a youth is 13 years and older, has an active placement order through delinquency court, is anticipated to remain in placement in an STRTP for 12 months the Chief Probation Officer of the county probation department or her/his designee shall approve the continued placement, no less frequently than every 12 months.

Chief Probation Officer or her/his designee has approved the child/youth continued placement in an STRTP Expected date of completion:

Permanency Goals Discussed with youth/family/CFT  Youth’s Placement stability reviewed/assessed

Describe child/youth’s needs that justify continued placement in an STRTP, include barriers that need to be addressed:

1. Foster Care Rights.

Pursuant WIC 16001.9. The youth has been informed of their rights at least every six months by his/her probation officer.

# YOUTH:

This case plan has been reviewed with me and I have received a copy of my plan (WIC 16501.1(f)(13)). I agree to actively participate in the activities and work toward the goals as described. I have the reviewed my case plan and my plan for permanency. I have been advised that I have the right to receive information about my placement and case plan, including changes to my plan as described. ( WIC 16001.9 (a)(38) )

Youth’s Signature: Date:

(m/d/yyyy)

# PARENT/GUARDIAN(S):

This case plan has been reviewed with me. I agree to actively participate in the activities and work toward the goals described. I also understand that adoptive/counseling services are available to me should I request them. I have received a copy of this plan.

Parent’s Signature: Date:

(31.210.13) (m/d/yyyy)

If no parent/guardian is available/willing to sign the above, indicate efforts to obtain signature and reason parent did not sign: (31-210.131)

**Probation Officer’s Signature**: Date:

(31-210.11) (m/d/yyyy)

**Probation Supervisor’s Signature**: Date:

(m/d/yyyy)

# Date the Case Plan was reviewed with Care Provider: (31-405.1)

**Date a copy of the Case Plan given to Care Provider: (31-405.1)**

**Provider Staff’s Signature**: Date: (31-405.1)

# Provider Staff’s Name/Job Title/Name of Organization (printed):