

GENERAL PROVISIONS

APPENDIX

GENERAL PROVISIONS

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State of Iowa
Department of Social Services

CONSENT TO DISCLOSE SOCIAL SECURITY INFORMATION

Recipient Name _____ Case Number _____

I authorize the Social Security Administration to disclose to the Iowa Department of Social Services any information from my, or the individual's for whom I am legal guardian under Title II and/or Title XVI of the Social Security Act, Social Security or Supplemental Security Income record. This information is required to determine eligibility to benefits for Title XX services. I understand that this consent is valid for not more than one year from this date.

Date _____ Signature(s) _____

GENERAL PROVISIONS

CONSENT TO DISCLOSE SOCIAL SECURITY INFORMATION, SS-0608-0

This form is used to obtain a recipient's consent for the Social Security Administration to release information to the Department.

When Prepared

The form is prepared whenever it is necessary to verify income with the Social Security Administration.

By Whom Prepared

The service worker in charge of the case is responsible for securing the signature of the client.

Number of Copies

Two

Specific Instructions

The form should be signed by the client or legal guardian.

Disposition

The original is filed in the case record and the copy given to the client for his records.

GENERAL PROVISIONSCASE RECORD FACE SHEET, PA-2201-0

The purpose of the Case Record Face Sheet is to provide a uniform face sheet to be used for all adult service case records throughout the state.

When Prepared

The form shall be completed and placed in the case record of all adult service cases at the time of acceptance.

By Whom Prepared

The form is completed by the worker assigned responsibility for the case.

Number of Copies

One.

Specific Instructions

1. Legal Settlement Determine the county of financial responsibility and enter the county name.
2. Veteran Status Determine if any member of the family is a veteran or receives Veteran's benefits and enter yes or no.
3. Type of Program Enter "Adult Services."
4. Guardianship, Conservator, Payee, Emergency Contact Circle the appropriate designation (if any) and enter the person's name, address, and phone number, if applicable.
5. Address Enter the client's current address on the first line. Enter the length of time at that address in the area designated "FROM." (Use the other lines for address changes.)
6. Members of Family Enter names of family members living in the household. Enter the husband's name on the first line, the wife's name on the second line, and children's names on subsequent lines, with the oldest first. If one parent is not in the home, be sure to leave the applicable line blank. Enter the birthdate, birthplace (county and state), sex, social security number, and state ID number for each person.
7. Others in Household Enter the names of all other household members that are not included in the family members above. Indicate their relationship to the head of the household.

State of Iowa
Department of Social Services

CASE RECORD FACE SHEET
FOR _____ PROGRAM

Legal Settlement _____

Veteran Status _____

1. Case Name _____ Telephone _____ Case No. _____

Gdn., Cons., Payee _____ Address _____
Emergency Contact _____ Phone _____

2. Address/Street	Town	County	From	To

3. Members of Family Name	Birth Date	Birth Place	Sex	Soc. Sec. No.	State I.D. #
M					
F					

4. Others in Household Name	Relationship To Head	Others in Household Name	Relationship To Head

5. Relatives Out of Home Name	Relationship To Head	Address and Telephone Number

Marriages - Names, Dates, Places

Marriage Status - Date, Place, Equity #

Other Pertinent Information:

GENERAL PROVISIONSCASE RECORD FACE SHEET, PA-2201-0 (Cont'd)Specific Instructions (Cont'd)

5. Relatives Out of Home Enter information regarding family members or relatives out of the home who have significance to this case (parents, grandparents, adult children, etc.). Include relationships, addresses, and telephone numbers.
6. Marriages Enter information regarding marriages of adult household members, with the most recent marriage first. Indicate the status of the marriage and complete identifying information from the legal proceedings if the couple is divorced or separated.
7. Other Pertinent Information Use this space to enter information such as burial information, life insurance, medical insurance, family physician, child support information, employment, and other benefits. Identify the information clearly and identify to which family member it applies. Comments may be continued from the reverse side of the form. Cross-referenced case numbers should also be entered in this section.

Disposition

Place the original in the case record.

GENERAL PROVISIONSNOTICE OF DECISION: SERVICES, SS-1104-0

The service worker shall use form SS-1104-0 to notify a service applicant or recipient of all approvals, changes, reviews, reductions, denials, or terminations which affect the client's case and which are not court ordered. Each service worker has a responsibility to present information regarding actions taken to all clients, in simple terms. The case record documents these notifications.

When Prepared

This form is used for notification of financial eligibility determination and service needs assessment for the following case actions:

1. When an application is approved, rejected, or withdrawn.
2. When services are renewed as a result of a regular or special review.
3. When the service is changed as a result of a needs reassessment.
4. When the service is reduced as a result of a needs reassessment.
5. When services are terminated as a result of a needs reassessment.
6. When a client is required to pay a fee for a service or the fee changes.

By Whom Prepared

The service worker responsible for the case prepares the form. When family therapy services are provided by a DHS (non-POS) family therapist, the DHS family therapist prepares the notices for the family therapy services.

Number of Copies

An original and one copy are prepared.

Specific Instructions

The top section of the form is self-explanatory. The case number may be omitted on applications.

The Explanation of Action section should delineate the action taken, the services, if new or changed, and the specific basis for the action in words the client can understand. If services are being reduced, the reason must be stated clearly, indicating that it has been determined that:

County: _____ Date: _____

Case #: _____ Effective Date: _____

NOTICE OF DECISION Services

ACTION

- Approval
- Denial
- Review
- Change in Service
- Reduction
- Cancellation

EXPLANATION OF ACTION

Manual or Rule Reference(s) _____

FEES

You will be responsible for paying for part of _____ service.
The fee will be \$ _____ per _____. You should make arrangements to pay this
directly to _____

CONFERENCE

If you do not agree with the decision, you may discuss the decision and your situation with the agency staff, obtain an explanation of the action and present information to show that the action is incorrect. You may speak for yourself or be represented by legal counsel or by a friend or other person. This conference does not in any way diminish your right to a fair hearing described on the back of this page.

REAPPLICATION

If your application has been rejected or your assistance has been cancelled, you have the right to reapply at any time.

Worker's Signature

Office Address

Telephone Number

RIGHT OF APPEAL

If you are dissatisfied with any action or failure to act with regard to your application for services, with regard to the services you are now receiving, or because the service has been denied, reduced or terminated, you have the right to appeal. A hearing need not be granted when the change is due solely to state or federal law.

Services funded by the Social Services Block Grant (SSBG) are subject to changes or terminations stated in the SSBG Pre-expenditure Report prepared each fiscal year for the period of July 1 to June 30.

HOW TO APPEAL

You must appeal in writing to the local office of the Department of Human Services.

You may request an appeal objecting to this action resulting in denial, reduction or termination of service within 10 calendar days or at any time before the effective date on this notice. If you do, this action will not affect your service at least until the appeal decision or the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. The cost of services you receive before your appeal is decided may have to be paid back if the local office's action is found to have been correct.

When the request for a hearing regarding your services is made within 30 calendar days from the date of notification, a hearing shall be held. When the request for a hearing is made more than 30 calendar days but less than 90 calendar days after the date of notification, the commissioner of the Iowa Department of Human Services shall determine whether a hearing shall be held. Any discussion between you and the local office does not extend this time period.

You may present your appeal at the hearing yourself or have someone else present it for you. If you wish, you may be represented at the hearing by an attorney. However, the department cannot pay attorney fees. Contact your worker for information regarding legal services that may be available in your area.

PROHIBITION AGAINST DISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin or political belief.

If you think you have been the object of discrimination, you may file a complaint with the Iowa Department of Human Services by completing a discrimination complaint form which can be obtained from any department local office or the Equal Employment Opportunity/Affirmative Action Office. You may also file a complaint with the Iowa Civil Rights Commission and the United States Department of Health and Human Services Office for Civil Rights.

Iowa Department of Human Services
Equal Employment Opportunity/Affirmative
Action Office
Hoover State Office Building
Des Moines, IA 50319
(515) 281-6089

Iowa Civil Rights Commission
Colony Building, 8th Floor
507 - 10th Street
Des Moines, IA 50319
(515) 281-4121 (Collect calls accepted)

U.S. Department of Health and Human Services
Office for Civil Rights
601 East 12th Street, Room 248
Kansas City, MO 64106

YOUR APPEAL RIGHTS AND THE PROCEDURE FOR HEARINGS ARE EXPLAINED IN THE IOWA ADMINISTRATIVE CODE, SECTION 498, CHAPTER 7.

GENERAL PROVISIONSNOTICE OF DECISION: SERVICES, SS-1104-0 (Cont.)Specific Instructions (Cont.)

1. The client is moving to achieve or maintain the goals and objectives in the client's service plan, continued provision of service at its current level is not necessary to facilitate the client's continued progress; and the reduction will not jeopardize continued progress.

OR

2. Another community resource (person, agency or program) is available to provide the service free of charge to the client.

If the action is for termination, an explanation of the basis for cancellation shall be given. The worker shall state the reason for termination, such as:

1. Goals and objectives to which the service was directed have been achieved, or
2. After sustained efforts, it is evident that the client is unable to achieve or maintain the goals set forth in the service plan, or
3. After sustained effort it is evident that the client is unwilling to accept further service, or
4. The income exceeds the financial guidelines, or
5. The service is no longer in the annual pre-expenditure report, or
6. No payment or partial payment has been received within the 30 days following the issuance of the last billing.

If service is no longer included in the pre-expenditure report but need exists, worker should state alternative community resources which may be used.

The notice shall clearly state the Employees' Manual sections or administrative rule references used in the decision making that support the action taken. For example: "Employees' Manual XIII-A, Termination of Services."

GENERAL PROVISIONS

NOTICE OF DECISION: SERVICES, SS-1104-0 (Cont.)

Specific Instructions (Cont.)

| When a determination of a fee is made, the worker shall specify on the form the service the fee covers, the amount of the fee, the time period covered by the fee (\$71.50 per month, 50¢ per day, etc.), and the facility, agency or person to whom the fee is payable.

Disposition

| Send the original to the client and file a copy in the case record.

SOCIAL HISTORY OUTLINE

This is a general outline for writing a social history. It can be adapted for use according to the type of client and the purpose of the history.

When Prepared

It is prepared when a social history is requested or required.

By Whom Prepared

It is prepared by a service worker.

Number of Copies

At least two. The number may increase depending on the request and use.

Specific Instructions

The outline is to be followed as a general format. Not all areas will need to be included for every case, and some cases may require additional topics. Emphasis should be placed on areas pertinent to the case. For example, developmental history may not be necessary for some adults, and work history would not apply to most children.

Special emphasis will need to be placed on topics pertinent to particular problem, such as mental retardation, or a particular area of service, such as adoption.

In discussing the client's family and relationships, more emphasis will need to be placed on the parents and siblings of a child, while a social history for an adult will include more information on spouse and children.

Any supporting material should be attached to the social history. This could include birth verification, picture, medical reports, school reports, psychological reports, legal documents.

Disposition

One copy shall be kept in the case record. The other copy or copies shall be distributed according to the request.

SOCIAL HISTORY OUTLINE

I. IDENTIFICATION

- A. Name - include full name, nicknames, pseudonyms
- B. Address - include county of legal settlement and mailing address if different
- C. General Information
 - 1. Birthdate
 - 2. Birthplace
 - 3. Sex
 - 4. Marital Status - single, married, widowed, divorced, separated
 - 5. Disability
 - 6. Education
 - 7. Social Security number, case number, Medicaid number
- D. Person(s) responsible - name, address, telephone
 - 1. Guardian or conservator
 - 2. Person(s) to contact in case of emergency
 - 3. Person(s) to contact for consultation and assistance in personal, business, legal, medical and other
- E. Financial resources
 - 1. Employment, salary, address of employer, type of work
 - 2. Public assistance
 - 3. Social Security, Veterans Benefits, etc.
 - 4. Other
- F. Family Members - name, address, birthdate, relationship
 - 1. Father
 - 2. Mother
 - 3. Children
 - 4. Siblings

II. LEGAL CUSTODY AND GUARDIANSHIP

- A. Name and details, including place and date of court action
- B. Attach legal documents (petition, termination order, guardianship order) whether voluntary or court action
- C. Describe process by which a child became available for adoption

III. STATE OF IMMEDIATE SITUATION AND TYPE OF SERVICE REQUESTED

- A. Date of referral

SOCIAL HISTORY OUTLINE

III. STATEMENT OF IMMEDIATE SITUATION AND TYPE OF SERVICE REQUESTED (Cont'd)

B. Name of person or Agency Referring Case

C. Type of Service Requested

1. Location
 - a. Own home, alone or with others
 - b. Home of others, relatives, foster parents, others
 - c. Institution, nursing home, medical, residential (describe)
 - d. Other
2. Describe neighborhood and physical aspects of home
3. General statement of personnel or family groups
 - a. Family composition
 - b. Pets
 - c. Evaluation of care
 - d. Means of relationships
4. Length of time in this arrangement
5. Summarize function in day-to-day living
 - a. Is arrangement satisfactory
 - b. Client's understanding of and attitude toward self, problems, and alternate solutions
 - c. Reasons for seeking alternate arrangements

D. Previous Living Arrangements

1. Describe previous household or facilities, length of stay, patterns of living, client functioning and adjustment
2. Describe reasons for changes, reactions
3. Identify persons involved

E. Future Living Arrangements

1. Describe type of placement desired, needs
2. Specify unsuitable arrangements

IV. FAMILY HISTORY (Father, including putative father of the child, mother, siblings, spouse, children)

A. Identifying Information

1. Birthplace
2. Birthdate

B. Education

1. Grade School
2. High School
3. College
4. Special Schools
5. Other

SOCIAL HISTORY OUTLINE

IV. FAMILY HISTORY (Cont'd)

C. Work History

1. Present occupation
2. History of different jobs, kind, salaries, length of time
3. Good or poor work record
4. Military service (describe fully)

D. Health History

1. Serious illnesses, age, type, etc.
2. Operations
3. Present physical and mental health

E. Brief Personality Description

1. Personal appearance
2. Disposition
3. Attitudes
4. Aptitudes, skills, avocations

F. Family of Parents (Grandparents, uncles, aunts)

1. Name, address, age, birthplace
2. Education, occupations
3. Social and economic level
4. Health, including instances of mental retardation, mental illness, antisocial behavior, chronic disorders such as diabetes
5. Age at, and cause of death, if deceased

G. Marital History of Parents

1. Date and place of marriage
2. Previous marriage(s), dates of death or divorce
3. Unusual circumstances surrounding marriage relationships
4. Impact of client's problems and solidarity of marriage
5. If unmarried, nature of relationship to each other, attitudes of relatives, relative's knowledge of the child

H. Economic and Cultural Factors

1. Debts, assets, sources of income, history of public relief
2. Type and condition of house, number of rooms, type of neighborhood, degree of comfort, educative influence, rent or own
3. Membership or interest in civic groups or lodges, church, community activities

I. Significant Family Members

1. Resource to client
2. Describe past and present relationships, mutual with inter-dependencies
3. Describe those who visit or otherwise have contact

SOCIAL HISTORY OUTLINE

V. PERSONAL HISTORY

A. Developmental and Health History

1. Physical and emotional health of mother during pregnancy, type of birth (normal or instrument), medical care of mother, age of mother at delivery, full-term or premature, weight at birth.
2. Physical development; breast or bottle fed and length of time of each; age of teething, focused eyes, crawled, sitting up, walking, talking (in single word or sentence); handedness history; locomotor development, muscular coordination, developmental tasks; deviations from normal development; feeding, method of weaning; elimination, regularity of bowel and bladder, problems and treatment, training; speech and language development, comprehension.
3. Childhood disease and ages; birth injury; accidents.
4. Deformities (include ptosis and extra digits); diseases or disorders, such as diabetes, blindness, tuberculosos, heart conditions, asthma, hypertension, cancer, syphilis, feeble-mindedness, insanity, epilepsy, chronic alcoholism, chorea, hemophilia, deafness; disabilities and physical handicaps, date of onset, diagnosis, treatment, attitude toward handicap
5. Significant medical and psychiatric illnesses, surgery, hospitalization, institutionalization; chronic, acute and/or communicable diseases; mental retardation; diagnosis and treatment
6. Emotional maturity, self-concept of health, use of resources, current medical care, professional observations, psychological, school reports
7. Life experience, battered or neglected relationship between siblings, institutionalization, reaction to separation, significant happenings, reasons for changes, reaction to change

B. School History

1. Adjustments, special interests, aptitudes, weaknesses
2. Present grade, type of school, significant achievements or problems
3. Meaning of school experience

C. Work History

1. Present occupation
2. History of different jobs, kind, salaries, length of time, how money spent
3. Good or poor work record
4. Military service (describe fully).

SOCIAL HISTORY OUTLINE

V. PERSONAL HISTORY (Cont'd)

E. Personality

1. General description of personality and social adjustment, self-care, dependencies
2. Relationships with and attitudes of peers, relatives, and others, group activities, leader or follower
3. Characteristic way of responding, interests, how feelings are handled, stress, cope with changes
4. Type of companions, recreational interests in home and community, social relationships, significant attitudes
5. Usual mood, quick temper, moody, restless, happy disposition, aggressive, withdrawn, destructive, cooperative
6. Adjustment, emotional responses, crying, contented, demanding, exploring, imitative, passive
7. Nervous habits, head-banging, rocking, masturbating, temper tantrums, stealing, sexual acting out, nail biting, twitching, grimacing, winking, teeth grinding, bed-wetting, usual waking and bed time, unusual sleeping habits or schedule
8. Food fads or particular aversions, special diets, preferences

F. Special Problems

1. Abilities, self-help, coordination, speech, sight, hearing, work
2. Stealing, lying, unusual destructiveness, temper tantrums, sexual instability in home, speech defects, reading disabilities, etc.
3. Attitudes of client, family, community toward problem and extent of cooperation
4. Arrests or court appearances
5. Help or supervision needed and how often - eating, dressing, ambulating, personal hygiene (bathing, shaving, hair care), toilet functioning, communicating, administering medication, etc.
6. If adoption case, relate significance of background, mental or physical condition, personality, and appearance in relation to adoptive family

G. Accomplishments and Interests

1. Significant interests and hobbies
2. Past and present affiliations with organizations and groups
3. Accomplishments, successes, honors

SOCIAL HISTORY OUTLINE

VI. INTER-RELATIONSHIPS IN FAMILY

- A. Relatives native or foreign born, language spoken in home, attitudes
- B. Evidence of mutual affection and regard, methods of discipline, does relationship of children indicate whether parents have been able to individualize each child
- C. Support of adults to each other, indications of rejection, frustration, strengths and weaknesses
- D. If adoption, attitudes to releasing child, reasons, understanding of finality, severance of connections, desires to visit and maintain contact

VII. PREPARATION FOR NEW LIVING ARRANGEMENT

- A. Client share in planning for placement and guardian
- B. Attitude toward leaving own home family
- C. Attitude of parents about releasing a child, reasons
- D. If adoption, attitude, name change, understanding of consent, understanding of separation, what child has been told and understands about past and future

VIII. EVALUATION OF SITUATION AND TENTATIVE PLAN

- A. Discuss strengths and weaknesses of client and family
- B. Client's own statement of problems and goals
- C. Statements of family friends, professionals, etc.
- D. Discuss reasonable alternative plans
- E. Recommendation of services to be provided, who will provide them, actions required, estimated time frame and duration of services

IX. SOURCES OF INFORMATION

- A. List persons contacted
- B. Records of any other agency
- C. Name, title, and agency of person making the study
- D. Sign and date

HOME EVALUATION OUTLINE

This is a general outline for making a home evaluation. Although primarily for evaluation of home here a child or adult is to be placed, it can also be used to evaluate an existing environment.

When Prepared

It is prepared when a home evaluation is requested or required.

By Whom Prepared

It is prepared by a service worker.

Number of Copies

One. The number may increase depending on the request and use.

Specific Instructions

The outline is intended as a general guide. All areas may not be applicable to each family and additional topics may need to be added for individual cases. Questions should focus on the particular interest or need of the family; for example, adoption, foster care, family-life home, etc.

Disposition

One copy shall be filed in the case record. Other copies shall be distributed according to the request.

HOME EVALUATION OUTLINE

I. IDENTIFYING INFORMATION

- A. Name, sex, birthdate, relationship and Social Security number of each member of household
- B. Address
- C. Telephone number

II. REFERRAL INFORMATION

- A. Referral source
- B. Service requested
- C. Brief summary of contacts
- D. Experience with other agencies

III. DISCRIPTION OF FAMILY (for each member, unless otherwise specified)

- A. Physical appearance - height, weight, coloring, special aspects of physical appearance and manner
- B. Personality - philosophy, goals, purpose, ethnics, morals, attitudes toward family life, degree of flexibility, self-image, social, intellectual, and cultural level
- C. Relationship to family - current functioning of everyday living, routine, habits, etc.; quality of parent-child relationship and relationship of children to each other; how are questions relating to adoption, foster care handled; brief developmental history of the children and present functioning
- D. Relationship of others - relationship of parents to own parents (include brief description of them), siblings, other extended family, and friends; significant experiences of separation through death, divorce, desertion, etc. and reactions; experience in caring for children or adults other than own family
- E. Education - amount, significant experience, values, expectations, familiarity with resouces
- F. Occupation - work history, satisfaction from employment, future career plans, what happens if it is necessary for a family member to go to work or stop working

HOME EVALUATION OUTLINE

III. DESCRIPTION OF FAMILY (Cont'd)

- G. Marriage - date and place (verification), what attracted them, how met, adjustments made, roles and relationship to each other, stability of marriage, strengths and vulnerabilities, supportive, respectful, trustworthy, open communication, decision making, disagreements and how handled, part played by extended family, description of each other, previous marriages and evaluations
- H. Religion and philosophy - religious and socio-cultural identity, value of religion, philosophy vs. lifestyle, compatible with community, religious expectations of children, special interests and abilities.
- I. Health - results of current physical, effect of any health problems, important past health problems

IV. ATTITUDES, POTENTIAL, PHILOSOPHY

- A. Motivation - reasons for wanting to care for, or adopt; all family members equally motivated; worker's evaluation of motivation
- B. Attitudes - how do they feel about client and client's natural family; how will they deal with client's feelings and ability to handle, how will they accept natural family, how will they accept separation from client; how will they handle questions from child, from adult, what are their views on illegitimacy, promiscuity, drugs, abuse, neglect, retardation; what are attitudes of extended family, friends, neighbors
- C. Adjustment - what preparations are made to help client adjust, what do they expect of client, of themselves, what changes do they anticipate
- D. Child rearing - basic philosophy of parenting, expectations of children, rules, discipline philosophy, consistency between parents, part played by extended family
- E. Experience - experience in caring for children or adults, enjoyment of children or adults, volunteer work
- F. Cooperation - ability to work with worker, reaction to worker and home study, responses and participation, contributions

V. COMMUNITY INVOLVEMENT/SPECIAL INTERESTS

- A. Membership in organizations, participation in community affairs
- B. Interests - alone and family-oriented

HOME EVALUATION OUTLINE

VI. HOME ENVIRONMENT

- A. Description of home, housekeeping standards, neighborhood, residential, commercial or industrial setting, availability to school, church, recreational facilities, medical care
- B. Values on cleanliness and order, assignments of household chores, pets, stimulation
- C. Plan for accommodating another person

VII. FINANCIAL INFORMATION

- A. Income, other assets, financial obligations, insurance
- B. Money management, financial priorities, money arrangements of children
- C. Plans for financial emergency

VIII. TYPE OF CLIENT PREFERRED

- A. Problem areas both acceptable and unacceptable
- B. Worker's assessment of situation

IX. REFERENCES

- A. Relationship to family, how well they know family, helpfulness, method of contact
- B. View of family, accepted in community, community attitudes
- C. Do family members have friends, of own age or different, lasting or superficial

X. SUMMARY AND RECOMMENDATIONS

- A. Summarize positive and negative aspects, strengths and weaknesses, areas of special problems.
- B. Evaluation and recommendation on suitability for placement and type of client best suited.
- C. Name, title and agency of person making the study.
- D. Sign and date.

GENERAL PROVISIONSAPPLICATION FOR SOCIAL SERVICES/TITLE IV-A EMERGENCY ASSISTANCE SERVICES.
SS-1120-0

Form SS-1120-0 is the application for social services. Financial eligibility is determined from the information on this form.

When Prepared

This form is completed for all services.

1. When a person wishes to apply for services or the department or juvenile court initiates services, and
2. When eligibility redetermination is necessary for a recipient.

By Whom Prepared

The form should be completed by the worker or juvenile court officer with the client certifying the information by signing and dating the form. When the client is unable or unwilling to sign the form, the signature may be that of a legal guardian or responsible person. For Medicaid waiver services, either the client or the guardian must sign.

When Title IV-A Emergency Assistance services eligibility is sought, the department worker may sign on behalf of the client only if legal custody has been placed with the department.

Number of Copies

An original and one copy are prepared.

Specific Instructions

Part A:

Complete the name and the address of legal residence. Consult XIII-A for the definition of "family" and how to compute family income.

The form must be signed and dated by the applicant, a legal guardian or parent, or someone acting responsibly for the client. The worker or juvenile court officer signs and dates the application on the day it is received. The application for social services covers all members of a family when their services are recorded in one case record.

**IOWA DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR SOCIAL SERVICES / TITLE IV-A EMERGENCY ASSISTANCE SERVICES**

Part A:

Primary Service Family	Monthly Income	Source of Income	
Street Address	City	State	Zip Code

Household Members Names (Children and Other Adults):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>SOCIAL SECURITY NUMBER</u>

Signature of Applicant, Recipient or Legal Guardian	Date
DHS or JCO Worker Signature	Date Received

COMPLETE ONLY FOR TITLE IV-A EMERGENCY ASSISTANCE

Part B:

CHECK APPROPRIATE BOX:

An applicant is eligible for IV-A Emergency Assistance services if all of the following criteria are met:

Yes No

- An emergency exists because one of the following situations exists:
1. Abuse, neglect, or abandonment of children, or risk of same or;
 2. Children in imminent danger where continued presence in the home is not in the best interests of the child or;
 3. Children who have been removed from the home or are at risk of removal from the home because of abuse, neglect, or inability of parents to provide needed care or treatment, or control the behavior of the child.
- This emergency did not arise because of an applicant's or applicant's family's refusal (without good cause) to accept employment or training within 30 days of the date of this application.
- This application for emergency services was made on behalf of a child living with, or within the past six months having lived with a specified relative in a place of residence maintained as the child's own home.

DHS Worker's Signature	Date	Service Commencement Date
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RIGHT OF APPEAL

If you are dissatisfied with any action or failure to act with regard to your application for services, with regard to the services you are now receiving, or because such assistance has been denied, reduced or terminated, you have the right to appeal. **Your appeal rights and procedures for hearing are explained in the Iowa Administrative Code (IAC), 441--CHAPTER 7.**

How To Appeal. You must appeal in writing. The appeal should be sent or taken to your worker's office or the Department of Human Services' office in your county. You may use the Department of Human Services' appeal form or you may simply send a letter asking to appeal. There is no fee or charge for an appeal. (Also see Time Limits below.) Your worker or the county Department of Human Services' office will assist you in filing an appeal if you ask them to.

Time Limits. You must file your appeal within 30 calendar days of the date of this notice to be assured of a hearing. When the appeal is filed late (that is more than 30 calendar days, but less than 90 calendar days after the date of this notice), the Director of the Iowa Department of Human Services must approve, **based on a good cause for late filing**, whether a hearing shall be granted. No hearing shall be granted if the appeal is filed more than 90 calendar days from the date of this notice.

You may attempt to resolve the dispute by scheduling a meeting with and talking to your worker or the worker's supervisor. Any discussion between you and the worker, the worker's supervisor, or any other Department staff does not extend these time periods.

Continuation of Benefits. If you appeal within ten days or before the effective date of this notice, this action will not affect your assistance at least until the appeal decision or the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. Any discussion between you and the Department does **not** extend this time period. Assistance paid before your appeal is decided may have to be paid back, if the county office's action is found to have been correct.

Granting a Hearing. The Department of Human Services will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the time and place.

A hearing need not be granted if the appeal is not eligible to be heard. Services funded by the Social Services Block Grant (SSBG) are subject to changes or terminations stated in the SSBG Pre-expenditure Report prepared each fiscal year for the period of July 1 to June 30. Such changes are specifically not subject to hearing. There are additional limitations to granting hearings which are explained in the IAC 441--Chapter 7. If no hearing is granted, you will be notified of the reason.

Presenting Your Case. If a hearing is granted to your appeal, you may explain your disagreement or have someone else, like a relative or friend, explain your disagreement for you. If you wish, you may be represented by an attorney, but the Department cannot pay for the attorney. Your county Department of Human Services' office has information about legal services based on ability to pay that may be available to you. **You may also phone Legal Services Corporation of Iowa at 1-800-532-1275. If you live in Polk County, phone 243-1193.**

YOUR RESPONSIBILITIES

- **You must report any increase or decrease in total monthly income, any change in source of income, change of address or change in family size.** Report any of these changes by mail or in person to the county or regional office of the Department of Human Services no later than 10 days after the change.
- If your case is selected by the Department for a complete verification of eligibility and evaluation of services, you will be interviewed and may be asked to supply documentation.
- You may be required to repay the value of any services which are received fraudulently.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin or political belief. If you think you may have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services by completing a Discrimination Complaint form. The form may be obtained from any departmental office, institution, or the DHS Bureau of Equal Opportunity can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently **BECAUSE OF** your race, creed, color, national origin, sex, religion or disability), or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services
Bureau of Equal Opportunity
Hoover State Office Building
Des Moines IA 50319-0114

US Department of Health and Human Services
Office for Civil Rights Region VII
601 E 12th St Rm 248
Kansas City MO 64106

Iowa Civil Rights Commission
Grimes State Office Building
211 E Maple St 2nd Fl
Des Moines IA 50319-0201

GENERAL PROVISIONS

APPLICATION FOR SOCIAL SERVICES/TITLE IV-A EMERGENCY ASSISTANCE SERVICES.
SS-1120-0 (Cont.)

Specific Instructions (Cont.)

Part B:

The worker or juvenile court officer shall complete Part B whenever a Title IV-A Emergency Assistance service is provided. If all boxes are checked "yes," the department worker shall sign, date, and enter a service commencement date.

Disposition

The copy shall be given to the applicant or recipient. The original shall be retained in the case record.

State of Iowa
Department of Social Services
Des Moines, Iowa

INDIVIDUAL CLIENT CASE PLAN AND PROGRESS
REVIEW FOR CONTINUATION OR CLOSING

Client's Name _____ Family Name _____

Original _____ Update _____ Termination Summary _____
(date) (date) (date)

Worker Signature _____ Date _____ Supervisor Signature _____ Date _____

Please Check: I Agree I Understand _____
Client Signature _____ Date _____

This plan shall contain: Assessment, Financial Eligibility, Goals, Objectives, Specific Services, Responsibilities/Action Steps, Reassessment and Termination.

GENERAL PROVISIONSINDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0

Form SS-0607-0 is used to record the case plan for adult services.

When Prepared

The form is prepared at the time the initial plan is made and whenever the plan is reviewed or changed. The status of the client's service need shall be reviewed no less frequently than every six months from the date the plan was submitted. An amendment does not affect this time limit.

By Whom Prepared

The plan is prepared and signed by the responsible Department worker, and signed as approved by the worker's supervisor. The client's signature is also encouraged.

Number of Copies

Two copies plus an additional copy for each service provider other than the DHS worker.

Specific Instructions

The Department case plan must contain a summary of the assessment process indicating a need for specific services, the goals and objectives, and the activities required by the worker, the client, and the provider in achieving client goals. The plan shall be completed using the outline listed below. (For amendments, include only the sections being changed.)

1. Assessment

Include a summary assessment, paying special attention to the following areas:

a. Precipitating Event

List the reason that brought the client to the Department's attention (i.e., health, unemployment, family dysfunctioning).

b. Client Situation and Client Support System

Include in initial plan and all subsequent plans:

- (1) A summary statement identifying the client's problems to be resolved.

GENERAL PROVISIONSINDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0 (Cont'd)Specific Instructions (Cont'd)1. Assessment (Cont'd)b. Client Situation and Client Support System (Cont'd)

- (2) A summary statement indicating the client's internal strengths and the resources of the client as identified in the assessment; other resources available to the client, such as financial resources which the client could use to obtain identified services; and family and community resources available to the client without cost. Substantiating case record information may be referenced.

c. Client Needs

Include in the initial plan and all subsequent plans:

- (1) A summary statement indicating the client's functional level as identified in the assessment.
- (2) A summary statement indicating the obstacles impeding progress towards problem resolution.
- (3) A summary statement indicating the client's needs, a prioritizing of those needs, and what can be done to address client needs.

Substantiating case record information may be referenced.

2. Financial Eligibility

In all plans, include a statement indicating the basis of financial eligibility, using the criteria identified in DETERMINATION OF ELIGIBILITY.

Examples

- | |
|---|
| <ol style="list-style-type: none">1. Mr. S is income eligible. He has gross monthly income of \$450 from a trust.2. Ms. J is income maintenance eligible because she receives SSI. |
|---|

GENERAL PROVISIONSINDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0 (Cont'd)Specific Instructions (Cont'd)2. Financial Eligibility (Cont'd)

EXAMPLE (Cont'd)

3. Mr. M is a resident of Polk County.

Residence may need to be documented. Other specific financial eligibility requirements, such as resources and fees assessed, addressed in the specific service chapters shall be documented in this section.

3. Goals

All services must be directed towards an SSBG goal. Client goals should further delineate and individualize the national goal in relationship to the client. Include a goal statement indicating the expected outcome of services delivery.

Examples

1. To achieve economic self-support to eliminate dependency.
2. Client goal: In 2½ years obtain paid employment in the community.

4. Objectives

Objectives are statements of major accomplishments needed to reach the client goal. They indicate the measurable, verifiable activities or actions that must be demonstrated by the client in order to attain goals. Objectives are specific and outcome-related.

Examples

SRS Objective: Supportive services for employment
Client Objectives: Use the bus system to attend the workshop.
Participate in setting workshop goals.

GENERAL PROVISIONS

INDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0 (Cont'd)

Specific Instructions (Cont'd)

5. Specific Services

Name the services that will be provided to meet the client goals and objectives identified during the assessment process. Indicate who will provide the service.

Examples

1. Sheltered workshop services from Workco.
2. Transportation using bus passes.

6. Activities Related to specific services

Include statements for the worker, the client, and the provider indicating tasks and time frames to be accomplished and who will be accountable for each.

a. Worker

Indicate the frequency of client contacts and the tasks and time frames for which the worker is accountable.

Examples

1. Meet with client in August and October to assess progress.
2. Meet with client and evaluation team in September.
3. Arrange for bus passes by June 15.

b. Client

Indicate the tasks and time frames for which the client is accountable.

GENERAL PROVISIONSINDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0 (Cont'd)Specific Instructions (Cont'd)6. Activities Related to Specific Services (Cont'd)b. Client (Cont'd)

Examples

1. Attend the workshop daily or phone the workshop on days which I will not attend.
2. Check every Tuesday to see that bus pass has come.
3. Help make workshop goals in June and sign the weekly evaluation slip to show that I am aware of my progress at the workshop.
4. In 2½ years, be ready to look for a job where I can work at least 20 hours a week.

c. Provider or Facility

Indicate the tasks and time frames for which the service provider will be accountable. When service is purchased, the provider agency shall be responsible for:

- (1) Developing and implementing a service plan consistent with the Department case plan to achieve client goals and objectives.
- (2) Developing time frames for service provision towards client's goal achievement consistent with Department case plan.
- (3) Providing the Department with a copy of all service plans.
- (4) Providing the Department with client progress reports for specific time periods.
- (5) Including the Department worker and other appropriate persons in agency staffings of client progress.

GENERAL PROVISIONSINDIVIDUAL CLIENT CASE PLAN AND PROGRESS REVIEW FOR CONTINUATION OR CLOSING,
SS-0607-0 (Cont'd)Specific Instructions (Cont'd)7. Signatures

The initial case plan and any revisions shall be signed by the Department worker and approved by the service supervisor. The supervisor's signature is required as an indication of approval of the plan developed.

The client's signature indicating agreement or understanding is encouraged.

For Medicaid waiver services, the physician shall sign and date a statement on the case plan which says: "I have reviewed the above services and find they are appropriate and adequate to meet the needs of the client in a home environment."

7. Reevaluation

Reassessment is an evaluation of the service provided. The purpose of this review is to measure the client's progress towards goals and to modify objectives and services as needed.

The same process shall be followed for reevaluation as previously described under assessment. The Department social worker shall determine:

- a. Individual need.
- b. Availability of the service in the county Pre-Expenditure Report, or assurance of funding by another source.
- c. Financial eligibility.
- d. The time frame for the next reassessment.

Disposition

File one copy of the form in the Department's case record. Give one copy to the client, or the client's representative. Give the provider one copy of the case plan information pertinent to the provision of services.

Iowa Department of Human Services
REFERRAL OF CLIENT FOR PURCHASE OF SOCIAL SERVICES

Date:

To:

From:
 Iowa Department of Human Services

CLIENT INFORMATION (Provide information as it appears on the SRS):

Client Name	Date of Birth	Case Number	
Street	City	State	Zip Code

REFERRAL OF PURCHASE OF SERVICES

Effective Date	Service Codes	Funding Source	Fees
----------------	---------------	----------------	------

TERMINATION OF PURCHASE OF SERVICE

FINAL DAY OF ELIGIBILITY _____

ADDITIONAL COMMENTS OR INFORMATION: _____

Worker Name	Title	Telephone Number ()
Worker Signature		Date
Local Administrator/Service Supervisor		Date

PURCHASE OF SERVICEREFERRAL OF CLIENT FOR PURCHASE OF SOCIAL SERVICES, FORM SS-1701-0

Form SS-1701-0 is used to refer a client for the purchase of services from a specified facility and to transmit information essential for billing to the provider. This form is not used for children's rehabilitative treatment or supportive services.

When Prepared

Prepare this form when:

1. Referring clients to providers. (It is not used when a foster care placement agreement is used.)
2. Notifying providers when a client's services are being terminated. (This form is required even when the provider has been notified by phone.) Issue the termination notice ten days in advance whenever possible.

By Whom Prepared

The Department worker and the service supervisor or area administrator complete the form.

Number of Copies

The form is a two-part carbonless set.

Specific Instructions

1. Enter the provider's name and address in the "To:" address block. The form is designed to be used with a window envelope.
2. Enter the remainder of the worker's office address in the "From" section.
3. Enter the client's identifying information in the spaces provided.
4. Referrals

For "effective date," enter the date the client begins to receive the service. This date is entered on the SRS and is the beginning billing date.

For "funding source," enter the code for the applicable funding source from the lists which follows.

PURCHASE OF SERVICEREFERRAL OF CLIENT FOR PURCHASE OF SERVICES. FORM SS-1701-0 (Cont.)Specific Instructions (Cont.)

Two lists are provided: One for the counties with decategorized services (Clinton, Dubuque, Jackson, Johnson, Polk, Pottawattamie and Scott) and one for all other counties. This code is used by the provider as the state/local code on the Provider Invoice, form AA-2241-0.

CODES

<u>Services</u>	<u>Counties Not in Decategorization Project</u>	<u>Counties in Decategorization Project</u>
Cases with no legal settlement; Family planning	S	S
Adoption, Shelter care, Independent living (except unaccompanied refugee minors)	S	M
Unaccompanied refugee minor shelter care and independent living	F	F
New (prefix 71) decategorized service	None	M

In the space for fees, inform the provider of Department policy regarding fees. Write "not applicable" or "NA" in the space when no fees are to be collected.

5. Terminations

Enter the termination date for clients who are no longer eligible or are terminating the service. State the reasons for termination clearly in the comment section.

PURCHASE OF SERVICE

REFERRAL OF CLIENT FOR PURCHASE OF SERVICES, FORM SS-1701-0 (Cont.)

Specific Instructions (Cont.)

6. Additional comments or information may be added.
7. The worker and the service supervisor or local administrator sign and date the form.

Disposition

Give the white copy to the provider. File the yellow copy in the local office case record.

GENERAL PROVISIONS

RESERVED FOR FUTURE USE

CASE PERMANENCY PLAN

A: FACE SHEET

CT. DOCKET # Delete if court isn't involved.

COUNTY _____

DATE _____

*NAME OF CLIENT: Required for all program areas

CURRENT PLACEMENT and ADDRESS _____

HOME PHONE () _____ WORK PHONE () _____

I. IDENTIFYING INFORMATION: (When used for individual client)		FC - Required
D.O.B. _____	SEX _____	FCS - No
TYPE OF SPECIAL EDUCATION & CLASS WEIGHT _____		Protective & Special Needs Day Care - not required
		Adoption - Required
		PROXIMITY TO HOME _____ miles

II. FAMILY MEMBERS:

NAME	D.O.B./ DECEASED	ADDRESS	PHONE	MARITAL STATUS (S/M/D)	RELATION- SHIP TO CLIENT	SS#
------	---------------------	---------	-------	------------------------------	--------------------------------	-----

Required for all program areas
Protective & Special Needs Day Care
*Can use head of household

**May be deleted unless known
Adoption - Reflect current placement

- Delete biological parent(s) and sibling information unless sibling group placement

SAMPLE

III. OTHERS IN HOUSEHOLD:

NAME	RELATIONSHIP TO CLIENT	AGE	NAME	RELATIONSHIP TO CLIENT	AGE
FC - Required			Juvenile Court Oversight - Required		
FCS - Required					
Protective & Special Needs Day Care - Not required unless case relevant					

IV. PREVENTATIVE SERVICES: LIST NONPLACEMENT SERVICES OFFERED TO THE FAMILY OR CLIENT

TYPE OF SERVICE:	DATE PROVIDED OR OFFERED FROM - TO	REASON SERVICE DISCONTINUED OR NOT PROVIDED
------------------	---------------------------------------	---

FC - Required
 FCS - Complete for services received the last 12 months - minimal; optional longer
 Protective Day Care - Not required
 Juvenile Court Oversight - Change heading of IV. to "Preventative/Reunification Services:
 List Services Offered to the Family or Client to Prevent Placement or Reunify Family"
 Adoption - Required, however, do not carry over services provided to biological family

V. PLACEMENTS: (List from initial placement to current placement)

PLACEMENT AND ADDRESS	TYPE OF PLACEMENT	DATES OF PLACEMENT FROM - TO	LENGTH OF PLACEMENT (In months)
FC - Required			
FCS - Not required			
Protective & Special Needs Day Care - Not required			
Juvenile Court Oversight - Required			
Adoption - Not required			

SAMPLE

VI. COURT HISTORY:

DATES OF FIRST AND SUBSEQUENT ADJUDICATION ORDERS	DATES OF DISPOSITION HEARINGS (D) AND REVIEW HEARINGS (R)	DATES OF DISPOSITION ORDERS AND REVIEW ORDERS	LEGAL STATUS (CINA, DELINQUENT, FINA, NO ADJ., URM, VOLUNTARY, TPR, OTHER) AND SHORT DESCRIPTION OF DISPOSITION
FC - Required (voluntary placements only - optional to include heading and omit "boxes" and enter statement "First court hearing will be scheduled/held prior to six months of placement")			
FCS - Required			
Protective & Special Needs Day Care - Required if court involvement			
Juvenile Court Oversight - Required			
Adoption - Record Termination of Parental Rights order only			

VII. COPIES OF THIS PLAN ARE SENT TO:

PARENT GUARDIAN <u>Required for all program areas</u>	BUSINESS ADDRESS AND PHONE #:
PARENT GUARDIAN _____	Home _____
CHILD (if appropriate) _____	Home _____
CUSTODIAN _____	_____
DHS CASEWORKER _____	_____
JCO _____	_____
CASA _____	_____
CHILD'S ATTORNEY _____	_____
GUARDIAN AD LITEM _____	_____
MOTHER'S ATTORNEY _____	_____
FATHER'S ATTORNEY _____	_____
COUNTY ATTORNEY _____	_____
FOSTER CARE REVIEW BOARD _____	_____
OTHERS:	
NAME: _____ RELATIONSHIP _____	ADDRESS/PHONE _____
NAME: _____ RELATIONSHIP _____	ADDRESS/PHONE _____
NAME: _____ RELATIONSHIP _____	ADDRESS/PHONE _____

VII. OTHER PERTINENT FACTS:

Can be included for all program areas if applicable

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART A: FACE SHEET, 427-1020

Form 427-1020 is used to identify the people involved in the case plan for children and families receiving services. This form, together with 427-1022 (Part B: Initial Assessment) and 427-1023 (Part C: Problem and Responsibility List) make up the initial case permanency plan. Subsequent plans also contain Parts A, C and D.

When Prepared

Part A of the case permanency plan is completed when the case is accepted for service. This must also be within 30 days of application for service, before the service begins, or before the juvenile court dispositional hearing, whichever is earliest. Changes in the information listed on the form shall be entered when they occur.

By Whom Prepared

Part A shall be completed by the worker responsible for the case.

If a client family is receiving direct family-centered services from more than one DHS worker, the worker responsible for social casework shall complete this form.

Number of Copies

One copy is needed for each case file and for each person listed in section VII on the back of the form.

Specific Instructions

Part A shall be prepared for each opened SRS form, unless more than one family member receives services and the same permanency goal applies to all the services. Then the worker may develop one plan covering the family (in which case the family is listed as the client). For adoption each child has a separate case plan. For general instructions, refer to "Iowa's Permanency Planning Manual" in this appendix. When there is no court involvement in a case, enter "NA" for items that do not apply.

In section IV, Preventative Services, list all nonplacement services provided in the last 12 months and significant services in the past. If the plan involves an out-of-home placement and no preventive services were offered or provided, explain why.

In Section VI, note whether an order is ex parte.

In Section VII, identify service providers as "others."

GENERAL PROVISIONSCASE PERMANENCY PLAN PART A: FACE SHEET, 427-1020 (Cont'd)Specific Instructions (Cont'd)1. For Family-Centered Services

Sections II and III: Refer to the Comment section in XVI-A, ELIGIBILITY FOR FAMILY-CENTERED SERVICES, for a discussion of the potential make-up of a client family. At a minimum, list all relatives and other persons to be considered as the client family. Both relatives and nonrelatives can be listed in Section II (Family Members). Persons residing in the family's household who are not part of the client family should be listed in Section III (Others in Household). Information in Sections II and III should be consistent with the identification and description of the family members listed in form RS-1120 (SRS), items 42 and 43 and all items in section G.

Section IV: List services initiated and received by the client family prior to the provision of family-centered services. This includes services currently provided. When identifying a previous or current DHS family-centered service, specify the service package component and its method of provision (direct, purchased or allied). When the service package involves more than one service component provided by more than one provider, specify the dates and methods of provision for each service component.

2. Child Day Care

For child day care services, when there is no court involvement:

- a. Enter NA (not applicable) for items which do not apply, such as social security numbers of family members, proximity to home, and special education class weight.
- b. Section IV (Preventative Services), Section V (Placements), and Section VI (Court History) may be omitted.

3. Adoption

Use the child's current legal name. Do not use the adoptive name until the adoption is finalized.

Section II: List information on the biological parents and siblings in this section.

Section III: List the adoptive parents' names and information in this section.

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART A: FACE SHEET, 427-1020 (Cont'd)

Specific Instructions (Cont'd)

Disposition

The original remains in the case record. Copies are distributed to the client and the persons listed in Section VII.

Exceptions:

1. If Part A contains reference to a report of child abuse, the worker shall follow redissemination guidelines for child abuse information in XIII-D before copies are distributed.
2. For day care services, Part A is not given to the service provider.
3. For adoption cases, Part A of the case permanency plan is NOT given to the adoptive parents because of the confidentiality of birthparent's names.

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART B: INITIAL ASSESSMENT, 427-1022

Form 427-1022 is used to record the initial service assessment for service cases involving children and families. This form, together with 427-1020 (Part A: Face Sheet) and 427-1023 (Part C: Problem and Responsibility List) make up the initial case permanency plan. Subsequent plans contain Parts A, C and D.

When Prepared

Part B is completed only once. It is completed within 30 days of acceptance for service, before the service begins, or before the juvenile court dispositional hearing, whichever is earliest.

By Whom Prepared

The form shall be completed by the worker responsible for supervision of the case.

If a client family is receiving direct family-centered services from more than one DHS worker, the worker responsible for social casework shall complete this form. Other workers may also use the form to complete the service plan required of service providers as specified in XVI-A. They shall specify on the top of the form that it is a service plan, as opposed to the more comprehensive case plan completed by the DHS worker.

Number of Copies

One copy is needed for each case record and for each person listed in Section VII on the back of form 427-1020 (Part A: Face Sheet).

Specific Instructions

Part B is completed only once. Refer to the "Iowa Permanency Planning Manual" in this appendix for general directions. When preparing this form for multiple services, all requirements for each service must be met.

1. Family-Centered Services

Section I: When placement prevention is the goal, check "to maintain" and "family unification". When family reunification is the goal, check "to achieve" and "family unification."

When the services are provided due to a risk of abuse, check "to achieve" and "other" and specify either "abuse prevention" or "abuse treatment."

CASE PERMANENCY PLAN
PART B: INITIAL ASSESSMENT

DATE OF PLAN _____

PREPARERS NAME _____ SIGNATURE _____ DATE _____

SUPERVISOR NAME _____ SIGNATURE _____ DATE _____

IDENTIFIED CLIENT NAME _____ COURT DOCKET # _____

I. Permanency Goal: This goal is _____ to achieve _____ to maintain.

- | | | |
|-------------------------------|------------------------------------|-----------------------------------|
| _____ Family unification | _____ Long-term foster family care | _____ Independent living |
| _____ Placement with relative | _____ Placement with guardian | _____ Long-term foster group care |
| _____ Adoption | _____ State institutional care | _____ Other (specify) _____ |

II. Projected Date for Achieving Permanency Goal: _____ Projected Date for Case Closing *

Required for all program areas

III. PLACEMENT CASES ONLY: Explain how this placement is designed to achieve placement in the least restrictive (most family-like) setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child.

FC - Required - address efforts to maintain child in home school at the time of initial foster care placement

FCS - Not required

Protective & Special Needs Day Care - Not required

Juvenile Court Oversight - Not required

Adoptions - Not required

IV. Initial Assessment: (Summary of predispositional report or social history)

Required for all program areas

FCS - Follow case plan requirements contained in XVI-A

Protective & Special Needs Day Care - Address history of case and why protective or special needs day care is being provided

Adoption - Assessment becomes child-centered rather than family-centered

SAMPLE

*FCS - Date cannot exceed 6 months as per court order

GENERAL PROVISIONSCASE PERMANENCY PLAN PART B: INITIAL ASSESSMENT, 427-1022 (Cont'd)Specific Instructions (Cont'd)1. Family-Centered Services

When the case involves both a risk of placement and a risk of abuse, check both "family unification" and "other." Specify either "abuse prevention" or "abuse treatment."

Section II: The date initially projected for achieving the service goal shall not exceed six months from the initial provision of the family-centered service package. See XVI-A, TIME LIMITS, for more information.

Section IV: Guidelines for information to be included for client families receiving family-centered services are found in XVI-A, DELIVERY OF FAMILY-CENTERED SERVICES: Case Plan Requirements: Case Assessment.

2. Child Day Care

For child day care services when there is no court involvement:

1. In Section I, check the box marked "Other" and write in "day care."
2. Omit Sections II (Projected Date) and III (Placement Cases Only).

3. Foster Care

For foster care cases, the explanation in Section III must include the following:

- a. The level of placement (i.e., relative foster care, family foster care, group foster care, shelter care, independent living);
- b. The rationale for the level, including why the child is placed in a nonrelative family foster home, if not placed with a relative;
- c. A discussion of the appropriateness of the placement in terms of proximity to the child's home and the child's special needs; and
- d. A discussion of how the placement carries out the judicial determination or voluntary placement agreement.

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART B: INITIAL ASSESSMENT, 427-1022 (Cont'd)

Disposition

The original of Part B remains in the record. Copies are distributed to the client and the persons listed in Section VII on the back of Part A: Face Sheet (form 427-1020).

For adoption cases, Part B of the case permanency plan is given to the adoptive parents with names of the birth parents removed for confidentiality. This form is not sent to day care providers.

CASE PERMANENCY PLAN

DATE _____

PART C: PROBLEM AND RESPONSIBILITY LIST

PART C1. Problem List

NAME OF IDENTIFIED CLIENT _____ CT. DOCKET # _____

PROBLEMS: (make very <u>specific</u>)	DESIRED OUTCOMES: (List <u>concrete</u> results)	DATE IDENTIFIED:	DATE ACHIEVED:
---	---	---------------------	-------------------

1. *FC: Address 1. Reason(s) which caused child to be placed in foster care
2. Independent living skills plan information if child is age 16 or over:
 2. - Has an assessment of child's needs in order to make a successful transition to independent living been made?

___ Yes; Date _____
___ No; Reason _____
 3. - If assessment has been completed, identify the client's independent living skills needs
 4. - If child is interested in pursuing higher education, has there been participation in the College Student Aid Commission's program of assistance in applying for federal and state aid.

___ Yes; Date _____
___ No, Reason _____
5. Note: Continue a problem and associated responsibility(ies) for one additional case permanency plan after "achieved." After that they can be deleted.

VISIT PLAN (FOR PLACEMENT CASES ONLY)

FC: Address parent/child visits; not worker visits
 FCS: Not required
 Protective & Special Needs Day Care: Not required
 Juvenile Court Oversight: Not required
 Adoption: Not required

C210BB01

NAME _____ Required for all program areas

RESPONSIBILITIES:

TIME FRAMES: PROBLEM

(List the person's name and what the person is responsible for to resolve the above problems.)

FC: Address independent living skills plan if child is age 16 or over (services provided to prepare youth for independent living, based upon on assessment of need, and person(s) or agency(ies) responsible for delivery of services)

- FCS: 1. List service package components and person(s) or agency(ies) responsible for delivery of service component(s)
- 2. Service intensity (# of hours); direct or POS
- 3. Service delivery location
- 4. Client's responsibility

Protective & Special Needs Day Care: specify duties and obligations of day care provider

Note: Continue a problem and associated responsibility(ies) for one additional case permanency plan after "Achieved." After that they can be deleted.

C210BB02

Name _____

I. List services to be provided and anticipated funding source (DHS, county, parents, Medicaid, insurance).

Goal:

Objective:

Basis of eligibility:

FCS: Required

Adoption: Address subsidy, Medicaid, parents' insurance, and any other services.

II. Foster Care Compliance Requirements:

A. Education Information: (Note: If worker has difficulty securing the educational information from the school, the worker shall place a dated statement that records have been requested.)

School name and address:

Instructor, school counselor, or homeroom instructor:

Grade in which child is enrolled:

Grade level performance (report card, special education Individual Education Plan):

The education information has been

- Requested on _____.
- Provided to the foster care provider on _____.

B. Health Information:

The health information (Physical Form) has been

- Requested on _____.
- Provided to the foster care provider on _____.

The immunization information has been

- Requested on _____.
- Provided to the foster care provider on _____.

III. Names and Signatures:

I have received and read the case permanency plan. I understand my responsibilities.

Parent/Guardian

Parent/Guardian

Child

DHS Caseworker

JCS Officer

GENERAL PROVISIONSCASE PERMANENCY PLAN PART C: PROBLEM AND RESPONSIBILITY LIST, 427-1023

Form 427-1023, Problem and Responsibility List, is used to set out the specific steps that will be taken in the provision of service to a child or family.

When Prepared

Part C is initially prepared within 30 days of acceptance for service, before a service covered in the plan begins, or before a juvenile court dispositional hearing, whichever is earliest. If major changes in the content occur at the dispositional hearing, the form shall be revised and resubmitted within 30 days after the hearing.

Part C is revised whenever the problem, services, or responsibilities change. (The reassessment documenting the need for the change is done on Part D.)

By Whom Prepared

The form shall be completed by the worker responsible for the case. It shall be developed with the client (or client's parent or guardian), unless the client is unwilling or unable to participate.

If a client family is receiving direct family-centered services from more than one DHS worker, the worker responsible for social casework shall complete all sections of Part C. Other workers may use Parts C1 and C2 to complete the service plan required of service providers as specified in XVI-A. They shall specify on the top of the form that it is a service plan, as opposed to the more comprehensive case plan.

Number of Copies

Part C is needed for each case record and for each person listed on the back of form 427-1020 (Part A: Face Sheet), Section VII.

Specific Instructions

Refer to "Iowa's Permanency Planning Manual" in this appendix for general directions.

When the case plan covers more than one service, all requirements for each service shall be met. Separate C2 pages may be used to clarify responsibilities for specific providers and to preserve confidentiality.

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART C: PROBLEM AND RESPONSIBILITY LIST, 427-1023
(Cont'd)

Specific Instructions (Cont'd)

In the upper right hand of Parts C, enter the date the page is filled out. When there is no court involvement, enter NA for court docket number and JCS officer.

On Part C(1) list the "date identified" as the date the problem is added to the plan.

On Part C(2), date each responsibility in the left-hand margin, using the date when this responsibility was added to the plan.

When the worker responsible for the case is not the sole provider of the service, specify worker responsibilities related to the managing and monitoring of any other provider's activities.

In Part C3, Section I, enter the eligibility requirements which the client meets, such as county residence and financial eligibility. Also enter other financial responsibilities for the service, such as fees and parental liability. (See XIII-A, DETERMINATION OF ELIGIBILITY, and specific services chapters.) Write out the SSBG goal and objective and indicate the beginning date for the service.

Part C is revised by adding to the original list of problems and responsibilities. When the form is modified, a new signature page shall be used to document that all parties know of the modifications.

1. Family-Centered Services

a. Part C1, Problem List

Specific problems and desired outcomes shall both be identified and described to acknowledge the nature and immediacy of any risk of child placement, continued placement, abuse, neglect or exploitation.

Specific problems shall be identified and listed to describe any conditions and needs of the family that are related to the risks faced by the family's children.

GENERAL PROVISIONSCASE PERMANENCY PLAN PART C: PROBLEM AND RESPONSIBILITY LIST, 427-1023
(Cont'd)Specific Instructions (Cont'd)1. Family-Centered Services (Cont'd)b. Part C2, Responsibility List

When listing responsibilities of a direct, purchased, or allied provider delivering one or more components of a family-centered service package, include information to identify each provider's:

- (1) Service package components (see XVI-A-21, Service Package Guidelines),
- (2) Service location (see XVI-A, Service Delivery Location),
- (3) Service intensity (see XVI-A, Choosing a Service Package),
- (4) Availability for crisis intervention assistance to the family.
- (5) Use of any team approach to service delivery (see XVI-A, Team Approach to Service Delivery).

When identifying time frames for the different responsibilities, identify the specific family-centered service and corresponding date that represents the initial provision of the family-centered service package being provided to the client-family (see XVI-A, Time Limits).

Part C3, Services, Funding and Signatures

When listing family-centered services to be provided, specify the method of provision (direct, purchased or allied) for the service package (or its separate components). Specify that the family has been determined eligible for the service without regard to income due to the risks faced by the family's children. Specify which children are at risk and the nature of the risk (abuse or continued abuse; placement or continued placement).

2. Adoption

For adoption cases, indicate whether a child is IV-E eligible or has a state subsidy case.

GENERAL PROVISIONSCASE PERMANENCY PLAN PART C: PROBLEM AND RESPONSIBILITY LIST, 427-1023
(Cont'd)Specific Instructions (Cont'd)3. Foster Care

If the court has issued a no-contact order, note this in the visit plan on Part C1 (Problem List).

For foster care cases, responsibilities shall be identified for the following people:

- a. The child's parents, unless parental rights have been terminated, or the parent's whereabouts are unknown;
- b. The Department worker supervising the case,
- c. The foster care provider (i.e., the foster group care facility, the foster family, and any private foster care agency involved);
- d. Any other agencies or individuals providing service to the child or family in order to resolve the problems identified on this form; and
- e. The child, unless the child has no responsibilities.

Responsibility statements shall be developed to include the following elements:

- a. A discussion of how the worker plans to carry out the judicial determination made with respect to the child or the voluntary placement agreement; including the planned frequency of contact with the child, providers (including foster parents) and the child's parents;
- b. A plan for assuring that the child receives proper care;
- c. A plan for assuring that services are provided to the child and parents to improve the conditions in the parents' home and facilitate return of the child to the child's own home, or for assuring that services are provided to the child to achieve a permanent placement for the child;
- d. A plan for assuring that services are provided to the child and foster parents to address the needs of the child while in foster care; and

CASE PERMANENCY PLAN

PART D: REVIEW

DATES:

INITIAL ASSESSMENT _____

PLAN WAS UPDATED _____

LAST CT./ADMIN REVIEW _____

THIS REPORT WAS WRITTEN _____

SAMPLE

CLIENT NAME _____ COURT DOCKET # _____

PREPARERS NAME _____ SIGNATURE _____ DATE _____

SUPERVISOR NAME _____ SIGNATURE _____ DATE _____

I. Permanency Goal: This goal is to _____ achieve _____ maintain. Required for all program areas

- _____ Family unification
- _____ Long-term foster family care
- _____ Independent living
- _____ Placement with relative
- _____ Placement with guardian
- _____ Long-term foster group care
- _____ Adoption
- _____ State institutional care
- _____ Other (specify) _____

Since the last review the permanency goal has _____ remained the same _____ changed.

II. Projected Date for Achieving Permanency Goal: (NA if Sec. 1 is checked for "maintain") Projected Date for Case Closing: (Specific Date)

Since the last review the date for achieving the permanency goal has _____ remained the same _____ changed.

Required for all program areas

III. PLACEMENT CASES ONLY: Explain how this placement is designed to achieve placement in the least restrictive (most family-like) setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child.

FC - Required - address efforts to maintain child in home school at the time of initial foster care placement.

FCS - Not required

Protective & Special Needs Day Care - Not required

Adoption - Not required

IV. REPORT ON PROGRESS

Please address the following issues:

Progress or lack of progress of each problem and responsibility listed on the permanency plan (If a problem has been alleviated, please note on this form.)

FCS - Follow case plan requirements contained in XVI-A

Protective & Special Needs Day Care - Address progress and on-going need for protective day care or special needs.

Adoption - Required

GENERAL PROVISIONS

CASE PERMANENCY PLAN PART C: PROBLEM AND RESPONSIBILITY LIST, 427-1023
(Cont'd)

Specific Instructions (Cont'd)

3. Foster Care (Cont'd)

- e. For children age 16 or older, a description of the programs and services which will be provided to help the child prepare for the transition from foster care to independent living.

Disposition

IF THE FORM CONTAINS REFERENCE TO A REPORT OF CHILD ABUSE, THE WORKER SHALL FOLLOW REDISSEMINATION GUIDELINES FOR CHILD ABUSE INFORMATION IN XIII-D BEFORE COPIES OF PART C ARE DISTRIBUTED.

The original remains in the record. Copies are distributed to the client and to each person listed on form 427-1020 (Part A: Face Sheet), item VII.

For adoption cases, Part C should be given to the adoptive parents.

Repeat this distribution whenever changes are made in Part C. (Part D should accompany any changes.)

GENERAL PROVISIONSCASE PERMANENCY PLAN PART D: REVIEW, 427-1021

Form 427-1021, Part D: Review, is used to review progress on case plans for services to children and families and to update the plan. This form is prepared for ongoing cases.

When Prepared

Part D shall be prepared within six months of the previous plan and prior to any judicial or administrative review of the case permanency plan. The form may be submitted at any time to review the progress in achieving the permanency goal. It shall be prepared before the six months have elapsed:

1. If there is a change in the foster care permanency goal reported on form 427-1022 (Part B: Initial Assessment) or the foster care placement,
2. Whenever a family-centered service provision period has been extended or terminated, but no later than six months from the date of acceptance for services.
3. If there is a need for revisions and additions to form 427-1023 (Part C: Problem and Responsibility List), including any new services, and
4. To close the case.

By Whom Prepared

The form shall be completed by the worker responsible for the case.

If a client family is receiving direct family-centered services from more than one DHS worker, the worker responsible for case management shall complete this form. Workers who are not the case manager may use this form to update and change their service plan (see XVI-A). They shall specify on the top of the form that it is part of the service plan, as opposed to the more comprehensive case plan review completed by the manager.

Number of Copies

One copy is needed for each case record and for each person listed on the back of form 427-1020 (Part A: Face Sheet), Section VII.

Specific Instructions

Refer to "Iowa's Permanency Planning Manual" in this Appendix for general directions. When there is no court involvement, enter "NA" for items that do not apply. In Section IV, include a reassessment of the client's situation or the termination summary for cases which are being closed.

GENERAL PROVISIONSCASE PERMANENCY PLAN PART D: REVIEW, 427-1021 (Cont'd)Specific Instructions (Cont'd)1. Family-Centered Services

For Section I, Refer to the special family-centered service instructions for form 427-1022.

When services have been extended following the guidelines of XVI-A, TIME LIMITS, form SS-1117 (see XVI-A-Appendix) identifies the new projected service termination date. Enter this date in Section II as the projected date for achieving the service goal.

2. Child Day Care

For child day care services, check the box in Section I marked "Other" and list "day care." Omit Section III.

3. Foster Care

For Section III, refer to the special foster care instructions for form 427-1022.

For Section IV, include a discussion of the appropriateness of the services that have been provided to the child under the plan in effect prior to this review.

Disposition

If the form includes reference to a child abuse report, worker shall follow procedures to redissiminate child abuse information.

The original remains in the record. Copies are distributed to the client and to each person listed on form 427-1020 (Part A: Face Sheet) item VII.

GENERAL PROVISIONSIOWA'S PERMANENCY PLANNING MANUAL

The document "Iowa's Permanency Planning Manual" constitutes the recommendations of a task force created to promote uniform case planning for children in Iowa who are in foster care. Forms 427-1020, 427-1021, 427-1022, and 427-1023 were created by the task force to assist workers, families, service providers, and courts in the case planning and review process. The forms meet the requirements of Title IV-B of the Social Security Act and the administrative requirements of courts and agencies in Iowa serving children.

The Department subscribes to the basic instructions for use of the case permanency plan forms which are contained in this document. Additional instructions to meet the specific requirements of the Department's funding sources and management systems are outlined for each form elsewhere in this Appendix.

**IOWA'S
PERMANENCY
PLANNING
MANUAL**

National Council of Juvenile and Family Court Judges
Iowa's Permanency Planning Task Force
Iowa's Foster Care Review Board

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PREFACE

In January 1987, the Iowa Permanency Planning Task Force in conjunction with Iowa's Foster Care Review Board received a grant from the National Council of Juvenile and Family Court Judges to develop a permanency planning manual for child welfare professionals in the State of Iowa.

An interdisciplinary committee of sixteen people dedicated to child welfare and permanency planning was formed. This manual is a result of those individuals' knowledge, expertise, dedication and hard work.

This Manual was prepared under Cooperative Agreement No. 85-JS-CX-K027 from the Office of Juvenile and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

INTRODUCTION

This manual is designed to be of assistance to child welfare professionals and to the juvenile courts who are involved in permanency planning for children.

The purpose of the manual is to provide a case permanency planning form to be used consistently by the Department of Human Services and Juvenile Court Services. The form outlines the goals and services to be provided to children and families within a specific time frame in understandable language for all parties involved.

The manual shall be used when preparing the written case permanency plans for family-centered cases and for foster care cases. The manual reflects state and federal requirements for case permanency plans. (References -- PL 96-272, Iowa Code 237.15(6) 232.2(4), 232.5(5), 232.102(5), and 232.117(5)).

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I. PERMANENCY PLANNING

WHAT IS A CASE PERMANENCY PLAN?

"Case permanency plan" means the plan mandated by Public Law 96-272, as codified in 42 U.S.C., sections 671(a)(16), 627(a)-(2)(B), and 675(1),(5). This plan is intended to ensure: (1) that no child be placed into foster care who can effectively be protected in the child's own home; and (2) that when removal is necessary, reunification be attempted before any other permanent arrangement is sought, unless it is not possible to reunify while protecting the child's safety. If the child cannot remain at home, the placement shall be in the least restrictive, most family-like setting available and in close proximity to the parent's home, consistent with the best interests and special needs of the child.

The plan shall specifically include all of the following:

- A. A determination whether "reasonable efforts" have been made (1) to enable the child to remain safely at home in order to prevent the necessity of placement in foster care and (2) to reunify the child placed in foster care with the family whenever possible. (See Reasonable Efforts Checklist, Appendix A.)
- B. Plans for carrying out the voluntary placement agreement or judicial determination pursuant to which the child entered care.
- C. The type and appropriateness of the placement and services to be provided to the child.
- D. The permanency goal indicating where the child will reside when the plan is accomplished.
- E. A projected date for achieving the permanency goal.
- F. Time frames for completion of specific tasks and responsibilities to achieve the permanency goal.
- G. A description of the care and services that will be provided to the child, parents, and foster parents.
- H. A statement of how the care and services will meet the needs of the child while in care and will facilitate the child's return home or other permanent placement.
- I. When the child is 16 or older, a written description of the programs and services which will help the child in foster care prepare for transition from foster care to independent living.

The Iowa Code (Sections 232.52(5), 232.102(5), and 232.117(5)) specifically addresses the need for a case permanency plan when a child has been placed out of home. However, the focus of this manual is to ensure that appropriate care is provided to the

child who either is residing in the parental home or has been removed from the parental home in order to meet the child's needs of security and stability. Case permanency planning needs to begin when the Department of Human Services or Juvenile Court Services initially begins working with the family.

Each permanency plan should be designed to meet the client's special circumstances. The selection of a specific goal is not intended to deny flexibility to work toward a different goal as circumstances change. Rather, the fact that there is a single goal in a permanency plan at any given time should facilitate communication and services among the agency responsible for supervision (DHS or JCS), the court, the child, the parents, the foster parents, and service providers. All involved parties should then be able to focus on the tasks to be completed.

WHY IS A PERMANENCY PLAN USEFUL?

Victor Pike and associates describe permanency as intent in the book, Permanent Planning for Children in Foster Care: A Handbook for Social Workers. A permanent home is not one that is guaranteed to last forever, but one that is intended to exist indefinitely. When the expectation of permanency is lacking, a child experiences doubt, uncertainty, and hesitancy. Permanency planning means clarifying the intent of the placement, and, during temporary care, keeping alive a plan for permanency. When a temporary placement is prolonged, foster care may have the appearance of permanency, but it lacks the element of intent that is critical to permanence.

Permanent homes give commitment and continuity to the child's relationships. A permanent home is one that holds together through many kinds of family crises. Such disruptions as prolonged sickness, changes of residence, unemployment, marital problems, and conflicts between parents and child are weathered and resolved within the framework of the family itself. Friends, relatives, and community services may help families during times of stress, but a family crisis in a permanent home does not usually cause the child to be moved to a family the child does not know.

Permanent homes are rooted in and sanctioned by cultural norms and the law. In American society, the customary way in which children's rights, welfare, and interests are protected is by their parents.

Children in permanent homes are recognized, both in their home and outside it, as having a respected social status. This status is taken for granted and generally goes unnoticed, but its absence makes apparent the second-class status that temporary foster care often has.

Written permanency plans provide parents, children and professionals specific, mutual goals to work toward. The individual responsibilities and target dates provide all parties with the tasks and the dates to be accomplished or evaluated.

When permanency plans are written, the agency responsible for supervision is less likely to hear, "I didn't know that was expected."

The written permanency plan provides the best opportunity for the child to remain in the parental home or to return home. If the plan is unsuccessful, the documented effort of treatment and the failure of the parents to respond becomes part of the case either for establishing an alternate plan or for terminating parents' rights so that the child can be adopted.

II. OVERVIEW OF THE CASE PERMANENCY PLANNING FORMS

The case permanency plan forms were developed in order to provide a uniform, consistent format for child welfare workers and juvenile courts for the state of Iowa. The case permanency plan form was not designed to replace the social history or predispositional report; rather it is intended to provide a guideline outlining specific services and individual responsibilities for all parties to complete in order to achieve the permanency goal.

The case permanency plan consists of the following sections:

- Part A: Face Sheet (form 427-1020)
- Part B: Initial Assessment (form 427-1022)
- Part C: Problems and Responsibility List
(form 427-1023)
- Part D: Review (form 427-1021)

Part A: FACE SHEET

The face sheet is intended to be factual and to give interested parties information at a glance. The face sheet is always the first page of the case permanency plan. The face sheet shall be submitted and updated prior to each juvenile court hearing or administrative review. It is IMPORTANT to update the addresses as changes occur, since this form will be used to send notices of reviews.

Part B: INITIAL ASSESSMENT

Part B is completed only at the time of the initial assessment of the case. It is submitted to the juvenile court at the dispositional hearing. For voluntary foster care cases or non-court family-centered service cases, this form is completed within 30 days of agency acceptance of the case. It is designed to be a permanent part of the case record. Any changes in the assessment shall be made on Part D: REVIEW.

Part C: PROBLEM AND RESPONSIBILITY LIST

Part C is completed at the time of initial assessment and added to when new problems and responsibilities are identified. Part C should be written clearly and concisely with the intent that this will be the "map" to follow in order to reach the permanency goal.

Part C1 is the list of problems that need to be eliminated in order to reach the permanency goal and ultimately case closure. As new problems are identified, those problems shall be added to the original form and dated.

Part C2 is the list of responsibilities and tasks that need to be accomplished to eliminate the stated problems. Responsibilities are listed by person or agency. When new problems are identified, the additional responsibilities shall also be added to the original form and dated.

Part C3 is the signature page, which is signed by people who have responsibilities toward reaching the permanency goal. These people include: the parents, child, DHS caseworker, and/or JCS officer.

Part D: REVIEW

The review form shall be completed prior to a review of the case permanency plan. Part D is used to report the progress on the problems identified in Part C: PROBLEMS AND RESPONSIBILITY LIST and to make changes to the plan.

EXAMPLE OF PROCESS FOR A COURT-INVOLVED CASE

Dispositional Hearing

The case permanency plan is developed initially by filling out:

1. Part A: FACE SHEET
2. Part B: INITIAL ASSESSMENT, and
3. Part C: PROBLEM AND RESPONSIBILITY LIST

These are submitted to the court at the time of the dispositional hearing and approved by the court as the plan to reach the approved permanency goal.

Six-Month Reviews

For all six-month reviews -- DHS administrative review, the Foster Care Review Board review, or the juvenile court review-- the agency (DHS or JCS) responsible for the supervision of the case shall revise as needed and submit:

1. Part A: FACE SHEET
2. Part D: REVIEW
3. Part C: PROBLEM AND RESPONSIBILITY LIST (only if new problems have been identified).

If a new problem has been identified during that six-month period, the agency shall explain the rationale in Part D: REVIEW. The problem and responsibilities will be added to Part C: PROBLEM AND RESPONSIBILITY LIST, the signature page shall be signed, and submitted. The newly identified problem and responsibilities will be approved by the court.

Between Reviews

If the need arises to add a new problem and responsibilities prior to the next scheduled review, the agency responsible for supervision shall advise the court by submitting:

1. Part C: PROBLEM AND RESPONSIBILITY LIST with the new problem and responsibilities listed, the completed signature page, and
2. the Form Letter (Appendix B) to the juvenile court judge and all the interested parties listed on Section VII of Part A: Face Sheet.

If no response is received from the interested parties, the new problems and responsibilities become a part of the case permanency plan. If any party objects to the addition, it will be addressed at the next court hearing and does not become part of the plan until approved by the court.

The process continues for each additional review (administrative or judicial review) of the case.

EXAMPLE OF PROCESS FOR A NON-COURT CASE

The case permanency plan is developed initially by filling out:

1. Part A: FACE SHEET
2. Part B: INITIAL ASSESSMENT, and
3. Part C: PROBLEM AND RESPONSIBILITY LIST

Six-Month Reviews

At each six-month review of the case, the agency responsible for the supervision of the case shall revise as needed and submit:

1. Part A: FACE SHEET
2. Part D: REVIEW
3. Part C: PROBLEM AND RESPONSIBILITY LIST (only if new problems have been identified).

If a new problem has been identified during that six-month period, the agency shall explain the rationale in Part D: REVIEW. The problem and responsibilities shall be added to Part C: PROBLEM AND RESPONSIBILITY LIST, and submitted for administrative review.

SUMMARY OF PLANNING PROCESS

Client referred to
DHS or JCS

For Court Cases

Adjudicatory
Hearing

Dispositional
Hearing

Court Review or
Administrative
Review

Court Review or
Administrative
Review

Agency responsible
for supervision
submits:
CASE PERMANENCY PLAN:
Part A: Face Sheet
Part B: Assessment
Part C: Problem and
Responsibility
List

Agency submits
updated CASE
PERMANENCY PLAN:
Part A: Face Sheet
Part D: Review
Part C: Problem and
Responsibility List
(if new problems
have been identified)

Same as previous
review

If a new problem is
identified between court reviews,
the agency submits to the Judge
and all interested parties:
the Form Letter and
Part C: Problem and
Responsibility List

For Voluntary Placements
or Family-centered Cases (non-court)

30 Days

6 Months

Administrative Review

Agency responsible
for supervision
submits:
CASE PERMANENCY PLAN:
Part A: Face Sheet
Part B: Assessment
Part C: Problem and
Responsibility
List

Agency submits
updated CASE
PERMANENCY PLAN:
Part A: Face Sheet
Part D: Review
Part C: Problem and
Responsibility List
(if new problems
have been identified)

III. PART A: FACE SHEET

WHEN PREPARED:

The face sheet is completed when the initial case permanency plan is developed. The face sheet shall also be revised when changes occur. It shall be resubmitted with the case permanency plan at all reviews of the case.

This form shall be prepared within 30 days of acceptance of the case or, for court cases, submitted to the juvenile court at the dispositional hearing.

A face sheet shall be submitted for each client. For placement cases, the child is the client and a face sheet shall be completed for each child placed out of home. For family-centered cases, the family is considered the client, consequently one face sheet shall be completed for the family.

BY WHOM PREPARED:

The form shall be completed by the worker of the agency (DHS or JCS) responsible for supervision of the case.

NUMBER OF COPIES

Make enough copies to give one to each person listed in Section VII of this form.

SPECIFIC INSTRUCTIONS:

COURT DOCKET #: List Docket number, if applicable.
COUNTY: Enter name of the county of legal residence of the client.
NAME: Enter the name of the client. For family-centered cases, list the family surname first, followed by the first name of each parent.
CURRENT PLACEMENT and ADDRESS: If the client is a family or a child living in the parental home, indicate the placement as "HOME" and list the address. If the client is a child not living with the child's parents, indicate the name of placement setting and the address. If the address is privileged information and should not be released to any of the interested parties, list the type of placement only, e.g., foster family.
PHONE: List the phone number of the client. If the client is a child living out of the home and the phone number should not be released, leave this section blank.

I. IDENTIFYING INFORMATION (Do not fill out for family-centered cases.)

D.O.B.: Enter the child's date of birth

SEX: Enter the child's sex

S.S.#: Enter the child's social security number

GRADE: Enter the grade in school that the child is currently enrolled in or attending.

SPECIAL EDUCATION/CLASS WEIGHT: List the type of special education classroom, i.e., behavioral disorder (BD), learning disability (LD), mental retardation/developmental disabilities (MR/DD). List the weight of the classroom, i.e., 1.7, 2.5, 3.2, 4.0. If the child is not in a special education classroom, indicate with "N/A".

PROXIMITY TO HOME: For out-of-home placements, state the number of miles from the custodial home.

II. FAMILY MEMBERS

NAME: List the significant and immediate family members whether deceased or residing in or out of the parental home, e.g., parents, siblings.

D.O.B.\DECEASED: Enter the date of birth or if the family member is deceased, enter "deceased".

ADDRESS: Enter the address of each person. This may be the name of a facility if the person is residing in out-of-home placement. If the address is privileged information, list the type of placement only.

PHONE: List each person's phone number. If this is privileged, leave blank.

MARITAL STATUS: Enter the appropriate letter for each family member. S=single M=married
D=divorced W=widowed

RELATIONSHIP TO CLIENT: List the relationship the family member has to the client, e.g., mother, father, sister, son.

S.S. #: List the social security number of each person.

III. OTHERS IN THE HOUSEHOLD

NAME: List persons residing in the home who are not related to the client by blood or marriage.

RELATIONSHIP TO THE CLIENT: Enter the person's relationship to the client, e.g., boyfriend.

AGE: List the age of the person, or indicate whether the person is a child or an adult.

IV. PREVENTATIVE SERVICES

For FAMILY-CENTERED CASES, list services offered or provided to the family to maintain the child in the home.

For PLACEMENT CASES, to meet the requirements of "reasonable efforts", describe the services offered and provided to the family to prevent removal of the child from the home.

For both situations, list the dates the service was provided, from the time the service began to the time it was discontinued, and list the reason for discontinuance. If the service was offered but not used, list the date the service was offered to the client along with the reason it was not used.

If the child was removed due to an emergency situation and no preventative services were offered, state "The child was removed because of imminent danger".

V. PLACEMENTS

PLACEMENT and ADDRESS: List the placements in chronological order. Include the name of the facility and the address. For family-centered cases, list the child's name by the placement if one or more of the children are in placement. If the placement name and address is privileged information, leave this section blank.

TYPE OF PLACEMENT: Enter a description of the placement; e.g., foster family home, residential treatment, institution.

DATES OF PLACEMENT: Enter the dates the client resided in the facility, from the time of placement to discharge.

LENGTH OF PLACEMENT: Indicate the number of months the client resided in the facility.

VI. COURT HISTORY -- (COURT CASES ONLY)

Section VI maintains an account of the client's court involvement. For family-centered cases where there may be more than one child involved in court hearings, enter the dates with the child's name in parentheses.

DATE OF FIRST AND SUBSEQUENT ADJUDICATION ORDERS: Enter the date of each adjudication order, with the most recent date last; enter the legal status in the corresponding line under legal status.

DATE OF DISPOSITIONAL HEARINGS AND REVIEW HEARINGS: Enter the date each dispositional or review hearing was held, with the most recent date last. Indicate a dispositional hearing with a "D" and a review hearing with an "R".

DATE OF DISPOSITIONAL ORDERS AND REVIEW ORDERS: For every hearing an order is written. Enter the date each dispositional or review order was written on the line corresponding with the hearing.

LEGAL STATUS AND SHORT DESCRIPTION OF DISPOSITION: Enter the status of the hearing on the line corresponding the date of the court hearing and order. Use the following codes:

<u>Code</u>	<u>Explanation</u>
CINA	Child in Need of Assistance
DELINQUENT	
FINA	Family in Need of Assistance
NO ADJ.	No Adjudication
URM	Unaccompanied Refugee Minor
VOLUNTARY	Voluntary Foster Care
TPR	Termination of Parental Rights
OTHER	List other legal status not listed above

State the outcome of the disposition order, e.g., placement in detention, return home, placement in foster home. (See the example which follows.)

EXAMPLE:

VI. COURT HISTORY:

<u>DATES OF FIRST AND SUBSEQUENT ADJUDICATION ORDERS</u>	<u>DATES OF DISPOSITION HEARINGS (D) AND REVIEW HEARINGS (R)</u>	<u>DATES OF DISPOSITION ORDERS AND REVIEW ORDERS</u>	<u>LEGAL STATUS (CINA, DELINQUENT, FINA, NO ADJ., URM, VOLUNTARY, TPR, OTHER) AND SHORT DESCRIPTION OF DISPOSITION</u>
A. 7/30/87 (name)	(D) 8/30/87	9/30/87	CINA/Shelter placement
B.	(R) 2/30/88	2/30/88	CINA/return home
C. 8/30/88	(D) 9/30/88	10/15/88	Delinquent/group care
D.	(R) 3/30/89	3/30/89	/no change
E.	(R) 7/1/89	7/1/89	case closed

VII. NAMES OF INTERESTED PARTIES

List the names of all parties who will receive a copy of the CASE PERMANENCY PLAN. Include any service providers in the section titled "Other". For the parents, list the home address and phone number. For all others, use the business address and phone number to protect privacy.

VIII. OTHER PERTINENT FACTS

This section is to be used for FACTS deemed necessary in the case. Please do not list any information that should not be released to interested parties.

Examples of facts are: medical problems and medical needs, history of juvenile delinquent activity, "no contact" orders, membership in a Native American tribe.

IV. PART B: INITIAL ASSESSMENT

WHEN PREPARED:

Part B is completed only at the time of the initial assessment of the case. The Initial Assessment form is submitted to the juvenile court at the dispositional hearing. For voluntary foster care cases or non-court family-centered service cases, this form is completed within 30 days of agency acceptance of the case. It is designed to be a permanent part of the case record. Any changes in the assessment shall be made on Part D: REVIEW.

BY WHOM PREPARED:

This form is prepared and signed by the worker of the agency responsible for supervision of the case. It also requires the worker's supervisor's signature to show approval. The assessment should be prepared with the client.

NUMBER OF COPIES:

Make enough copies to give one to every person listed in Part A, Section VII.

SPECIFIC INSTRUCTIONS:

I. PERMANENCY GOAL:

Check only the boxes that are appropriate for the identified client. Check whether the goal is to be achieved or whether it is to be maintained. The permanency goal indicates where the child(ren) will reside when the plan is accomplished. If the permanency goal changes at a later date, it shall be changed or modified using Part D: REVIEW.

Example A: If the goal is to return the client to the parental home, check the box for "to achieve" and the box for "family unification". When the child is returned home and the case remains open, check the boxes "to maintain" and "family unification".

Example B: A child is currently placed at Eldora STS. The permanency goal is independent living, but the child first needs to be placed in foster group care. The boxes for "to achieve" and "independent living" need to be checked. When the child is placed in independent living but the case remains open, check the boxes "to maintain" and "independent living". Explain the intermediate step of group care on the problem list (Part C).

Example C: For a family-centered case where the children are currently residing in the parental home, the goal is to maintain the family unit. Check the boxes "to maintain" and "family unification".

II. PROJECTED DATE FOR ACHIEVING THE GOAL:

State the date that you anticipate the permanency goal will be achieved and the date that you anticipate the case will be closed.

Example A: The plan is for the child to be returned home by July 1, 1987. DHS will monitor the case in the parental home for six months. The anticipated date to achieve the permanency goal is July 1, 1987, and the anticipated closing date is January 1, 1988.

Example B: The plan is for the child to be placed in group foster care on July 1, 1987, and to be placed on independent living by January 1, 1988, with monitoring by JCS for six months. The date to achieve the permanency goal is January 1, 1988, and the date to close the case is July 1, 1988.

Example C: The plan is for DHS to maintain supervision of the family for six months and to close the case at that time. The date to achieve the permanency goal and the closing date would be the same.

III. PLACEMENT CASES ONLY:

Explain how the placement is:

- A) the least restrictive (most family-like) setting,
- B) in close proximity to the child's home,
- C) consistent with the best interest and special needs of the child

Every effort should be made to assist the family in locating relatives or friends who can assume temporary responsibility for the child as an alternative to foster care placement. Secondly, when possible siblings should be placed together.

IV. INITIAL ASSESSMENT:

Section IV reflects the client's situation at the time of initial assessment. The narrative highlights the important facts from the social history or the predisposition report. The summary of the social history or the predisposition report can be used. Remember that this information will be shared with the client and other interested parties. This section should be brief (four to five paragraphs).

A guideline for information to be included is:

1. Precipitating event: what problems facing the family prompted referral to the agency, the reason for a decision to remove the child, documentation of specific problems that resulted in removal.
2. Client's situation: a description of the client's strengths, problems, special needs, understanding of the situation, attitude toward the services offered, marital relationship, interaction of family members, use of discipline, educational needs, employment and financial situation.

V. PART C: PROBLEM AND RESPONSIBILITY LIST

WHEN PREPARED:

Part C is completed when the initial case permanency plan is developed. This form shall be prepared within 30 days of acceptance of the case or submitted to juvenile court at the dispositional hearing. If major changes in the content occur at the dispositional hearing, the form shall be revised and resubmitted 30 days after the hearing. The signature page is signed by people who have responsibilities listed to achieve the permanency goal.

This form is updated by adding to the original list of problems and responsibilities. When the form is modified, the signature page shall be used to document that all parties know of the modifications.

BY WHOM PREPARED:

This form is prepared by the worker of the agency responsible for supervision of the case. It should be prepared with the client.

NUMBER OF COPIES:

Make enough copies to give one to each person listed in Part A, Section VII.

SPECIFIC INSTRUCTIONS:

PART C1: PROBLEM LIST

PROBLEMS:

Part C1 is used to describe specific problems that need to be resolved in order to achieve or maintain the permanency goal. Problems that need to be addressed include:

1. Changes that need to be made in order for the child to safely remain in or return to the parental home
 - a. appropriate child care or parenting,
 - b. medical and psychological needs,
 - c. educational needs,
 - d. financial needs,
2. Expectations of foster parents or other service provider to ensure proper care of the child, services, and so forth,
3. For children over 16 years of age, independent living skills and vocational skills.

Problems shall be listed in numerical order, but not necessarily in order of importance. The number and description of the initial problems remains on this form and newly identified problems are added to the list.

DESIRED OUTCOMES:

For each problem, state the desired outcome or changes in behavior or skills to be developed in order to achieve or maintain the goal.

DATE IDENTIFIED and DATE ACHIEVED:

Date when each problem is identified in the appropriate column. When the problem has been resolved, enter the date of achievement in the appropriate column.

Any additions or modifications on this form shall be explained on Part D: REVIEW.

VISIT PLAN (PLACEMENT CASES ONLY):

State the specific plan of visits for parents, siblings, or others. Include the frequency of visits, the location of visits, requirements of visits, whether supervised or unsupervised, and arrangements for transportation.

EXAMPLE OF PROBLEMS:

PROBLEMS: (Make very <u>specific</u>)	DESIRED OUTCOMES: (List <u>concrete</u> results)	DATE IDENTIFIED:	DATE ACHIEVED:
1. The mother has been evaluated as alcoholic.	Sobriety	6/1/87	
2. The home is unsafe, dirty, and in general disarray.	Maintain safe, sanitary home.	6/1/87	
3. The children attend school in dirty clothing.	Clothes will be clean	6/1/87	
4. The father is imprisoned and can not maintain regular involvement with the family.	Determine the type of involvement the father desires with the family.	6/1/87	
5. The children have been abused by the mother on five occasions.	When the mother is angry, she will not strike out at the children.	10/1/87	

PART C2: RESPONSIBILITY LIST

RESPONSIBILITIES:

Part C2 is used to list who is responsible for the specific services, action steps, and tasks necessary to resolve the problems listed on Part C1: Problem List. This form can be used in lieu of the "parent contract" or "probation contract".

List the name of the person or agency responsible for each specific item. This could be the client, the parent, the agency worker, or the provider. Under the person's or agency's name, list according to the problem number the specific services or tasks that need to be achieved. This section needs to be very clear and concise regarding the services and requirements.

TIME FRAMES:

List the time frame next to each specific responsibility. The time frame shall state when the responsibility shall be achieved. If the responsibility is ongoing or occurs on a regular basis, that needs to be specifically stated, e.g., weekly visits with child in foster care.

PROBLEM #:

State the number of the problem from Part C1 that the responsibility relates to.

EXAMPLE OF RESPONSIBILITIES

Responsibilities:	Time Frames:	Problem #:
<u>Mother</u>		
Attend AA meetings three times/week.	1/1/87-7/1/87	1
Maintain sobriety	ongoing	1
Fix front door	by 2/1/87	2
Wash dishes daily	ongoing	2
Change children clothes daily	ongoing	3
Do laundry weekly	ongoing	3
Attend Parent Anonymous sessions at the Center every Tuesday evening at 6:30 p.m.	2/1/87-7/1/87	5
Take the bus to all meetings unless other arrangements are made	1/1/87-7/1/87	1 & 5
<u>Father</u>		
Discuss options with prison counselor and notify DHS worker	2/15/87	4
Write a letter to the children each week	1/1/87-7/1/87	4
<u>Homenaker</u>		
Assist the mother in household and teach the mother the necessary skills	1/1/87-7/1/87 (2 hours/week)	2 & 3

PART C3: SIGNATURE PAGE

I. SERVICES TO BE PROVIDED

List all services that are to be provided to the client, the family, and the foster family in order to achieve the permanency goal, e.g. crisis day care, family therapy, foster family care, substance abuse counseling.

List the anticipated FUNDING SOURCE for each service offered; e.g., DHS, county, parent, client, AEA, medical health insurance, medicaid. There is no need to list explicit federal funding sources, such as Title IV-E.

II. NAMES AND SIGNATURES

Section II shall be signed by persons who have responsibilities listed in Part C2. Their signature shows that they have read and understand their responsibilities on the case permanency plan. If a person refuses to sign the form, the worker shall note this where the person was to sign.

ADDING A NEW PROBLEM OR RESPONSIBILITY

If the need arises to add a new problem or responsibility prior to the next scheduled review, the agency responsible for supervision shall advise the court by submitting:

1. Part C: PROBLEM AND RESPONSIBILITY LIST with the new problem and responsibilities listed and a completed signature page, and
 2. the Form Letter (Appendix B)
- to the juvenile court judge and all the interested parties listed on Section VII of Part A.

If no response is received from the interested parties, the new problems and responsibilities become a part of the case permanency plan. If any party objects to the addition, it will be addressed at the next court hearing and will not become a part of the official case permanency plan until then.

VI. PART D: REVIEW

WHEN PREPARED

Part D is prepared every six months, prior to any judicial or administrative review of the case permanency plan. This form is used to change the permanency goal initially stated on Part B: INITIAL ASSESSMENT, to explain revisions and additions to Part C: PROBLEMS AND RESPONSIBILITY LIST, and to review the progress in achieving the permanency goal. This form is also used to close the case.

BY WHOM PREPARED:

This form is prepared and signed by the worker of the agency responsible for supervision of the case. It shall also be signed by the worker's supervisor to indicate approval. It should be prepared with the client.

NUMBER OF COPIES:

Make enough copies to give one to each person listed in Part A, Section VII.

SPECIFIC INSTRUCTIONS:

Dates: Enter the date of the initial assessment, the date the permanency plan was updated, the date of the last court or administrative review, and the date of the report.

I. PERMANENCY GOAL:

Check only the boxes that are appropriate for the identified client. Check whether the goal is to be achieved or whether it is to be maintained. The permanency goal indicates where the child(ren) will reside when the plan is accomplished. If the permanency goal changes at a later date, it can be changed or modified using another Part D: REVIEW.

II. PROJECTED DATE FOR ACHIEVING THE GOAL:

State the date that you anticipate the goal will be achieved and the date that the case will be closed. Check the box which describes whether the date has remained the same or changed from most previous plan.

III. PLACEMENT CASES ONLY:

Explain how the placement is:

- A. the least restrictive (most family-like) setting,
- B. in close proximity to the child's home, and

C. consistent with the best interest and special needs of the child.

IV. REPORT ON PROGRESS:

Address the following issues:

1. Report on the progress that has been made for each identified problem listed on Part C1. Explain any changes in the problems, responsibilities, or time frames. If a problem has been resolved, please explain.
2. If new problems have been identified, explain on this form the rationale for adding the problem to Part C1: PROBLEM AND RESPONSIBILITY LIST. Attach Parts C1, C2, and C3 with the new problem, the date identified, the responsibilities, the time frames, and the signatures of those with responsibilities.
3. For placement cases, document the continuing necessity and appropriateness of the placement and the plan and services for family reunification. Note if change in placement is likely, for example, "the child will be discharged from the STS in one month and placed in group care." (If the child is residing in a different placement than at the time of previous plan note this also on Part A under Current Placement and Address and Section V.)
4. List other information that is necessary for the review; include changes in attitude, behavior, and skills.
5. List any recommendations.
6. To close the case, note the date the permanency goal was achieved and when the court case was closed.

Appendix A

Making Reasonable Efforts: Steps for Keeping Families Together,
National Council of Juvenile and Family Court Judges, Child
Welfare League of America, Youth Law Center, and National Center
for Youth Law, page 120.

REASONABLE EFFORTS CHECKLIST

1. When did the agency first have contact with the family?
2. Did the agency identify problems with the family at that time?
3. Did the agency assess the family to determine what services or other supports (services) were necessary to remedy the problem(s)?
4. Did the agency provide the services determined to be necessary?
5. Did the family request additional services?
6. Did the agency provide those services to the family?
7. Did the family accept services provided by the agency?
8. Did any of these services remedy the problem?
9. If the services did not remedy this problem, were additional services tried?
10. Were any services suggested but not provided because they are unavailable?
11. If services were unsuccessful, why?
12. What other services designed to address these problems are available in the community that the agency has not provided?
13. Why were these services not provided?
14. Was there an emergency situation in which the child could not be protected without removal from the home prior to providing services?
15. If so, what services did the agency consider providing as an alternative to removal from the home?
16. Since the removal, has the agency provided services aimed at reunification?
17. Have these services been successful?
18. Does the agency have a plan for providing services aimed at reunification?
19. Has the agency considered the family's requests in developing these services?
20. Could the child be returned if appropriate services were provided?
21. Were all parties represented by counsel?
22. Have all parties had a reasonable opportunity to review the records?
23. Have all parties been permitted to offer testimony and cross-examine witnesses?
24. Has the agency proved that it has made reasonable efforts to eliminate the need for removal on the issue of reasonable efforts?
25. Has the agency been ordered to develop a reunification plan?

Appendix B

(Use Agency Letterhead)

TO: (Judge)

Date:

From: (Agency and Worker's Name)

RE: (Client's Name)
D.O.B.

Juvenile Ct. #:

Please find an attachment to Part C: Problem and Responsibility List for the case permanency plan dated ____ (original plan) _____. This is to advise you and all interested parties that the case permanency plan needs to be amended to include the stated problem, along with the responsibilities and time frames, for the following reasons:

If any party in this case disagrees with this amendment, that person should either contact me or petition the court for a review of the case within two weeks of the above date. Hearing no objection within two weeks, the problem as stated will be a part of the case permanency plan.

cc: (everyone listed on Part A, Section VII.)

Appendix E *

IOWA CODE REFERENCES

237.15(6) and 232..2(4)

4. "Case permanency plan" means the plan, mandated by Pub. L. No. 96-272, as codified in 42 U.S.C., secs. 671(a)(16), 627(a)(2)(B), and 675(1),(5), designed to achieve placement in the least restrictive, most family-like setting available and in close proximity to the parent's home, consistent with the best interests and special needs of the child. The plan shall specifically include all of the following:

a. Plans for carrying out the voluntary placement agreement or judicial determination pursuant to which the child entered care.

b. The type and appropriateness of the placement and services to be provided to the child.

c. The care and services that will be provided to the child, natural parents, and foster parents.

d. How the care and services will meet the needs of the child while in care and will facilitate the child's return home or other permanent placement.

232.102(5)

Transfer of legal custody of juvenile and placement

5. In any order transferring custody to the department or an agency, or in orders pursuant to a custody order, the court shall specify the nature and category of disposition which will serve the best interests of the child, and shall prescribe the means by which the placement shall be monitored by the court. If the court orders the transfer of the custody of the child to the department of human services or other agency for placement, the department or agency shall submit a case permanency plan to the court and shall make every effort to return the child to the child's home as quickly as possible. When the child is not returned to the child's home and if the child has been previously placed in a licensed foster care facility, the department or agency shall consider placing the child in the same licensed foster care facility. If the court orders the transfer of custody to a relative or other suitable person, the court may direct the department or other agency to provide services to the child's parent, guardian or custodian in order to enable them to resume custody of the child.

232.52(5)

Disposition of child found to have committed a delinquent act.

5. If the court orders the transfer of custody of the child to the department of human services or other agency for placement, the department or agency responsible for the placement of the child shall submit a case permanency plan to the court and shall make every effort to return the child to the child's home as quickly as possible.

232.117(5)

Termination-findings-disposition

5. If the court orders the termination of parental rights and transfers guardianship and custody under subsection 3, the department of human services or the agency responsible for the placement shall submit a case permanency plan to the court and shall make every effort to establish a stable placement for the child by adoption or other permanent placement. The child's placement shall be reviewed by the court every six months until the child is adopted.

* Appendix C and Appendix D are examples of completed forms.

Appendix F

BIBLIOGRAPHY

Iowa State Department of Human Services Employees Manual. Iowa Department of Human Services, Des Moines.

Iowa State Foster Care Review Board Manual. Foster Care Review Board, Des Moines, June, 1986.

Judicial Review of Children in Placement. National Council of Juvenile and Family Court Judges, Reno, Nevada.

Making Reasonable Efforts: Steps for Keeping Families Together. National Council of Juvenile and Family Court Judges, Child Welfare League of America, Youth Law Center, and National Council of Youth Law.

Permanency Planning Deskbook for Wisconsin Judges. Wisconsin, September, 1985.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 14, 1994

GENERAL LETTER NO. 13-A-AP-23

ISSUED BY: Bureau of Institutional and Community-Based Services, Division of Medical Services

SUBJECT: Employees' Manual, Title XIII, Chapter A, Appendix, "General Provisions," Contents, revised; page 23 through 26, revised; and form SS-1701-0, Referral of Client for Purchase of Social Services, new.

Summary

Forms related to Medicaid home- and community-based waiver services are moved to XVI-K-Appendix.

Form SS-1701-0, Referral of Client for Purchase of Social Services, is moved to this chapter from the purchase of service appendix so the instructions are accessible to staff who use the form. The list of counties in the decategorization project is expanded effective July 1.

Form 470-2921, Emergency Placement Document for Goal of Family Reunification, has been moved to XVIII-Appendix.

Effective Date

Upon release.

Material Superseded

Remove and destroy the following from Employees' Manual, Title XIII, Chapter A, Appendix:

<u>Page</u>	<u>Date</u>
Contents	August 25, 1992
SS-1645	3/88
23 and 24	March 29, 1988
SS-1644	10/84
25	December 3, 1985
26	September 21, 1984
Instructions for Functional Assessment	Undated
470-2921	12/91
41	August 25, 1992





TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

October 11, 1994

GENERAL LETTER NO. 13-A-AP-24

ISSUED BY: Bureau of Institutional and Community-Based Services,
Division of Medical Services

SUBJECT: Employees' Manual, Title XIII, Chapter A, Appendix, "General Provisions," Contents, revised; page 18, revised; page 18a, new; and form SS-1120-0, Application for Social Services/Title IV-A Emergency Assistance, revised.

Summary

Form SS-1120-0, Application for Social Services/Title IV-A Emergency Assistance is being revised in order to include changes needed to address implementation of the new Title IV-A Emergency Assistance Program.

Effective Date

October 1, 1994

Material Superseded

Remove and destroy the following from Employees' Manual, Title XIII, Chapter A, Appendix:

<u>Page</u>	<u>Date</u>
Contents	June 14, 1994
18	February 18, 1992
SS-1120-0	8/83

Additional Information

Destroy all existing supplies of form SS-1120-0. Photocopy this form until the revised form is received from Anamosa. Be sure to copy both the front and back sides of the form. A blanket supply of the form will be sent to all counties.

Please direct any questions to your regional office.

XIIIIA-AGL1