

## A. Family Case Plan Face Sheet

Child Name:		FACS ID:		State ID:		Plan Date:	
Permanency Goal:	Court Docket NBR:		Next Type of Hearing:			Next Court Date:	
Date of Birth:		Financial County:		Legal Status:		Sex:	
Placement Type: <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Court Order <input type="checkbox"/> Home with Parent(s) <input type="checkbox"/> Relative Placement				Assigned Worker:			
Current Placement and Address:						Phone Number:	

<b>Family Members</b>					
Sex: Male (M), Female (F)					
Name	DOB/ DOD	Sex	Role	Address/ Phone #	Comment

<b>Service History - DHS Involvement</b>			
Without Family Centered Services, removal is imminent:			
Primary Removal Risk Reason:			
Service Dates: From: To:		Reason For Involvement:	
Provider Name:		Reason services discontinued:	
Provider Address:			
Purchased Services Provided:			
Provider Name	Service Provided	From	To

### A. Family Case Plan Face Sheet

<b>Placement History - DHS Involvement</b>			
Placement Dates		Reason For Involvement:	
Provider Name:		Service Provided:	
Provider Address:		Reason services discontinued:	
Purchased Services Provided:			
Provider Name	Service Provided	From	To

<b>Additional Services Provided</b>	
Service Dates: From                      To	Reason for Involvement:
Provider Name:	Services Provided:
Provider Address:	Reason Services Discontinued:

<b>Court Involvement</b>				Next scheduled hearing date and type
Date Hearing Set:	Date of Hearing:	Type of Hearing:	Court Docket #	Outcome:

## B. Family Case Plan

Child Name:	FACS ID:
Family Plan Participants:	Date of Initial Plan:
Parent/Caregiver:	
Child:	Family Team Meeting:
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DHS Social Worker:	Anticipated date of case closure:
Parent/Caregiver:	
Other:	DHS social worker:
Other:	

Household Composition:	
Caregiver:	Caregiver:
Child's Name:	Child's Name:
Child's Name:	Child's Name:
Other:	Other:

## B. Family Case Plan

### Family Functioning Domain

<b>Child Well-Being</b> <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
<input type="checkbox"/> Child's mental health	<input type="checkbox"/> School performance	<input type="checkbox"/> Relationship with caregiver(s)
<input type="checkbox"/> Child's behavior	<input type="checkbox"/> Motivation/Cooperation to stay with family	<input type="checkbox"/> Relationship with siblings
<input type="checkbox"/> Relationship with peers		
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

<b>Parental Capabilities</b> <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
<input type="checkbox"/> Supervision of children	<input type="checkbox"/> Disciplinary Practices	<input type="checkbox"/> Developmental/enrichment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Physical health	<input type="checkbox"/> Use of Drugs/Alcohol
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

## B. Family Case Plan

<b>Family Safety</b> <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
<input type="checkbox"/> Physical abuse of child	<input type="checkbox"/> Sexual abuse of child	<input type="checkbox"/> Emotional abuse of child
<input type="checkbox"/> Neglect of child	<input type="checkbox"/> Domestic violence	
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

<b>Family Interactions</b> <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
<input type="checkbox"/> Bonding with child	<input type="checkbox"/> Expectations of child	<input type="checkbox"/> Mutual Support within the family
<input type="checkbox"/> Relationship between Parent/caregivers		
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

## B. Family Case Plan

<b>Home Environment</b> <i>(Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
<input type="checkbox"/> Housing Stability <input type="checkbox"/> Safety in community <input type="checkbox"/> Habitability <input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Financial Management <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Transportation <input type="checkbox"/> Learning Environment <input type="checkbox"/> Income/Employment		
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

<b>Other</b> <i>(Specify and Identify the strengths or needs that impact the safety of the child, the well-being of the child and family, and permanency for the child)</i>		
Narrative:		
Goal:	Date Modified	Date Completed
Steps: Who does what, where and when		
1.		
2.		
3.		
Comments:		

## B. Family Case Plan

Review	
Date of Review:	Was this review conducted through a Family Team Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Review Summary and Recommendations:	

Sample

## B. Family Case Plan

### Signatures and Notifications

Reflects Participation in Family Plan:  Initial Plan  Review Date of Plan:

**PARTICIPATION:** We agree to help this plan succeed to the best of our ability; will work hard to meet the expectations outlined above. We also agree that any one of us can pull the group together as is reasonable to work out unforeseen issues and to celebrate successes along the way.

Participated in Planning	Role	Signature of Participants:  Enter Name if not present and Family Plan is to be provided <i>(Leave blank if non-applicable)</i>	Date Sent:
	Parent/Guardian		
	Parent/Guardian		
	Child (if appropriate)		
	Custodian		
	DHS Caseworker		
	DHS Supervisor		
	JCO		
	CASA		
	Child's Attorney		
	Guardian Ad Litem		
	Mother's Attorney		
	Father's Attorney		
	County Attorney		
	Foster Care Review Board		
	Judge		
	Other		

### Other Comments:


DHS Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### C. Child Placement Plan

Child Name	FACS ID:
DOB:	Anticipated Date of Return Home:
Date of Family Plan:	Date of initial placement:
Placement Type: <input type="checkbox"/> Court Order <input type="checkbox"/> VPA	Date of current placement:
Contrary to Welfare Language in appropriate Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reasonable Efforts Language in appropriate Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Permanency Goal</b>	
<input type="checkbox"/> Remain in home	<input type="checkbox"/> Adoption
<input type="checkbox"/> Return child to home	<input type="checkbox"/> Transfer custody or guardianship to relative
<input type="checkbox"/> Transfer custody to other parent	<input type="checkbox"/> Transfer custody and guardianship to suitable person
<input type="checkbox"/> Another planned permanent living arrangement	

<b>Concurrent Goal Assessment</b>
Is there a good prognosis for rehabilitation of the child or parental condition that would enable the child to safely return home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child expected to return home within the first six months of placement? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No to either, a concurrent permanency goal is required.

<b>Concurrent Goals</b> <i>(complete only if indicated by the Concurrent Goal Assessment)</i>

<b>Child Well-Being Domain</b>			
Mental Health	<input type="checkbox"/> S <input type="checkbox"/> N	Relationship with Peers	<input type="checkbox"/> S <input type="checkbox"/> N
Behavioral	<input type="checkbox"/> S <input type="checkbox"/> N	Relationship with Siblings	<input type="checkbox"/> S <input type="checkbox"/> N
School Performance	<input type="checkbox"/> S <input type="checkbox"/> N	Motivation to maintain Family	<input type="checkbox"/> S <input type="checkbox"/> N
Relationship with Caregiver	<input type="checkbox"/> S <input type="checkbox"/> N		

### C. Child Placement Plan

Placement Status Information	
Is current placement stable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain:
Is the current placement sufficient to achieve the permanency goal without further need to move the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain:
Is the placement the least restrictive setting to meet the child's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain:
Is the placement within the child's community of origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain:
Are the child and siblings placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, explain:
Are the primary connections and characteristics of the child being preserved in the placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, explain:

Sample

## C. Child Placement Plan

Efforts Made by DHS to Support the Placement and Prevent Disruption
<input type="checkbox"/> Assessed the needs of the child <input type="checkbox"/> Matched the child's needs with the substitute family's or facility's abilities <input type="checkbox"/> Prepared the child and the family for the placement <input type="checkbox"/> Assisted children with feelings about living apart from family <input type="checkbox"/> Provided adequate support to the child, family, and substitute caregivers <input type="checkbox"/> Maintained family connections by allowing visits early and often <input type="checkbox"/> Developed crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement. <input type="checkbox"/> Other:

Placement History <i>(include current and previous placements)</i>				
Date Placed:	Type of Placement:	Name and Address of Placement Resource:	Exit Date:	Exit Reason:

Permanency (ASFA)	
Has the child been in foster care 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, permanency hearing date(s):
Has the child re-entered foster care within 12 months of the child being discharged from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Has the child been in foster care for 15 of the last 22 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exception <i>See Below</i>	If yes, date TPR petition filed: If TPR petition has not been filed, note the reason below.
Termination is not appropriate because: <input type="checkbox"/> Child is being cared for by relatives <input type="checkbox"/> Family has not been provided services necessary to safely return the child home <input type="checkbox"/> Compelling reasons exist: <i>(Explain)</i>	

### C. Child Placement Plan

Visitation							
<input type="checkbox"/> There are no safety issues during visitation <input type="checkbox"/> Provisions to assure safety during visitation are:							
Name	Relationship to Child:	Frequency:				Supervised by:	Restricted by Court Order Dated:
		Restricted	Weekly	BiWeekly	Monthly		
	Mother						
	Father						
	Sibling						
	Sibling						
	Sibling						
	Other						
	Other						
If visitation is restricted, give reasons and/or circumstances under which visiting is contrary to the child's safety or best interest:							
Efforts made by the agency to promote and support visitation:							
If child is in out-of-state placement, date of the last face-to-face annual visit:					Name of person who visited the child:		

Documentation	
Has Certified Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, plan to obtain:
Has Social Security Number/Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, plan to obtain:

Health and Health Records	
Was the child able to maintain current health care providers (mental, physical, dental)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, describe efforts made to maintain continuity of care:
Has the youth reported being a victim of sex trafficking: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe services provided:
Is the youth pregnant or ever fathered/bored children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### C. Child Placement Plan

Treatment & Evaluations	By Whom & What Organization	Address	Date	Date given to Caregiver or Provider

Mental Health / Psychological / Psychiatric Records				
Treatment & Evaluations	By Whom & What Organization	Address	Date	Date given to Caregiver or Provider

Education Records		
If the child is birth to 3 years of age, do they have an IFSP (Individual Family Service Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is youth enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade:	Anticipated date of graduation:
School Name: Address:	Early access or AEA referral (age 0-5) : <input type="checkbox"/> Yes <input type="checkbox"/> No	School Advocacy Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the youth in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, IEP Date:	Is the youth in Iowa Vocational Rehabilitation Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	Working at Grade Level? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	
Date Educational Records given to Caregiver/Provider:	IEP and/or Educational Records located in the case file section:	
Was the child able to remain in the current school at placement change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, address efforts made to keep child in the current school. Describe why changing school was in the best interest of the child:	

## C. Child Placement Plan

<b>Transition Plan (Required For Youth 14 &amp; Older)</b>	
Youth centered meeting date (most recent):	Youth centered planning team membership:
Referral to Transition Planning Specialist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, steps to obtain (who, what, where, when):
Has Driver's License or government issued nonoperator's identification card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Want	If No, steps to obtain (who, what, where, when):
If adjudicated delinquent, explain the reason:	
A list of rights with respect to education, health, visitation and court participation has been discussed with the youth. Also addressed was the right to stay safe and avoid exploitation. The Rights document was provided to and signed by the youth, most recently on: <input type="text"/>	
The rights document was provided to all legal parties of the case and was made part of the Case Permanency Plan. The document was stored in the case file.	
The Casey Life Skills Assessment (CLSA) was completed with the youth and the results were considered in the development of this plan. Date completed (most recent): <input type="text"/>	

<b>Education</b>		
Describe education status and plans. (Are they currently attending school? If so, where and what grade level? When is in anticipated they will graduate/obtain HISED (GED)? Do they plan to go on to college/vocational training? Are there barriers to educational achievement?)		
Narrative:		
Steps: Who does what, where and when (What tasks need to be accomplished?)	Date Modified	Date Completed
1.		
2.		

<b>Referrals</b>

<b>Employment and Workforce Supports</b>
Describe employment and workforce status and plans. (Are they currently working? Are they seeking employment? Part time or full time? If not working, what kind of job/career are they considering for the future? Are there barriers to employment?)
Narrative:

### C. Child Placement Plan

Does the youth have a checking account?  Yes  No  
 Have any issues with the youth's annual credit check been identified?  Yes  No  
 If yes, explain:

Steps: Who does what, where and when (What tasks need to be accomplished?)	Date Modified	Date Completed
1.		
2.		

Referrals

#### Health and Health Insurance

Describe health and health insurance status and plans (Discuss diagnosis, needs, medications, and behaviors. Will the youth be eligible for EMIYA (Title XIX medical insurance)? Are there substance abuse issues? Are there barriers to good health or well-being?)

Narrative:

Informed the youth of their options to select health care representatives (health care proxy/power of attorney)?  Yes  No  
 Informed of access to Medicaid/EMIYA (Expanded Medicaid for Independent Young Adults)?  Yes  No  
 Medication Indicated / Prescribed  Yes  No

Steps: Who does what, where and when (What tasks need to be accomplished?)	Date Modified	Date Completed
1.		
2.		

Referrals

#### Housing

Describe housing and housing plans (what type of placement are they in and where do they live? After they turn 18 what is their plan for housing? Are there barriers to overcome?)

Narrative:

Steps: Who does what, where and when (What tasks need to be accomplished?)	Date Modified	Date Completed
1.		
2.		

Referrals

### C. Child Placement Plan

<b>Supportive Relationships and Services</b>		
Describe supportive relationships (Name and describe current supportive relationships identified by the youth and note which one or more adults will be a support for them in the future. Are there relationships in need of reconnection or repair?)		
Narrative:		
The youth has regular opportunities for age appropriate/developmental cultural activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain:		
Youth was informed about Aftercare Services on: <input style="width: 50px;" type="text"/>		
Steps: Who does what, where and when (What tasks need to be accomplished?)	Date Modified	Date Completed
1.		
2.		
Referrals		

<b>Youth with Special Needs</b>	
Does the Youth have Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe, including diagnosis if applicable:	
Full Scale IQ: <input style="width: 50px;" type="text"/>	
Will this youth reasonably need adult disability services upon reaching adulthood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Was the Transition Plan developed with representation from the adult disability system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Describe efforts/progress coordinating with the adult disability system (ie. CPC or adult case management):	
If no, was adult disability system representation requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has SSI been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date SSI Applied for: <input style="width: 50px;" type="text"/>
If Yes, was the youth found eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If SSI not applied for, plan and date to accomplish:	
If denied, plan for appeal:	

Date Reviewed by Transition Planning Committee:

**Youth Signature:** \_\_\_\_\_ **Guardian Ad Litem Signature** \_\_\_\_\_