

REVIEW OF CHILD/FAMILY CASE PLAN (IV-E Residential Placement)

6 Month Review
 12 Month Review
 18 Month Review
 24 Month Review
 30 Month Review

Date of Initial Placement:	Date of Last Case Plan Review:	Date of Current Case Plan Review:

IDENTIFYING INFORMATION	
Child's Name:	County:
Child's Date of Birth:	Caseworker PID#:

FACILITY INFORMATION	
Name of Facility:	Date of Current Placement :
Address:	
City/State/Zip:	Phone #:

HAS THERE BEEN A CHANGE IN PLACEMENT SINCE THE LAST PLAN/REVIEW? Yes No

If yes provide the following information:

Date PID form submitted:

Date family notified of child's change in placement:	
Date family notified of changes in visitation:	
Method of notification of change:	
Date medical/education records provided to new caregiver:	

Explain reason for change in child's placement:

CONTINUED NEED FOR PLACEMENT: Explain why this child continues to require placement at the time of the review. Discuss the child's behavior **AND** the family situation.

APPROPRIATENESS OF PLACEMENT: Explain what specific services are being provided to safely meet the child's needs discussed in the previous section.

HOW WILL THE CAREGIVER ENSURE THE CHILD IS SAFE IN PLACEMENT? *(More than just a statement that the placement is safe is required. Refer to the Case Plan Supplement for additional information.)*

OUT OF STATE PLACEMENT: If the child is placed outside of Texas, explain why this continues to be in the best interest of the child.

PERMANENCY

PERMANENCY PLAN: Plan for the safe and permanent placement of the child.

- Return to parent * Emancipation/independent living (*explanation required*) Adoption
 Place with relative * Other permanent living arrangement (*explanation required*)

***If EMANCIPATION/INDEPENDENT LIVING or OTHER PERMANENT LIVING ARRANGEMENT is the permanency plan, explain why this is in the best interest of the child:**

Projected permanency date: _____

TERMINATION OF PARENTAL RIGHTS (TPR) (*address at 18 month review*)

If the child has been in substitute care for 15 of the last 22 months, are there plans to file for TPR? Yes No N/A
 If NO, please provide the compelling reason why TPR is not in the child's best interest:

**MEDICAL/DENTAL DOMAIN
 NAMES & ADDRESSES OF CHILD'S CURRENT HEALTHCARE PROVIDERS**

MEDICAL	DENTAL
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:
Child's current medications (including psychotropic meds):	
Indicate what medications are for:	
List any other important medical information/concerns:	
Goal #1:	
Describe the extent of compliance/non-compliance:	
Describe what progress has/has not been made:	
Goal #2:	
Describe the extent of compliance/non-compliance:	
Describe what progress has/has not been made:	
Goal #3:	
Describe the extent of compliance/non-compliance:	
Describe what progress has/has not been made:	

SAFETY/SECURITY DOMAIN**Goal #1:**

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

EDUCATIONAL DOMAIN**NAME & ADDRESS OF CHILD'S CURRENT EDUCATIONAL PROVIDER**

Name:

Phone #:

Address:

City/State/Zip:

Child's current grade level placement:

Goal #1:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN

Goal #1:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

PREPARATION FOR ADULT LIVING (PAL)/VOCATIONAL DOMAIN *(if child is or will be 16 before next review)*

Goal #1:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

TRANSITIONAL SERVICES DOMAIN *(to transition the youth back into the community)***Goal #1:**

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

FAMILY SERVICES DOMAIN**Goal #1:**

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

SUPPORT SERVICES PROVIDED TO CAREGIVER

Goal #1:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #2:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

Goal #3:

Describe the extent of compliance/non-compliance:

Describe what progress has/has not been made:

LIST ANY NEW NEEDS THAT MAY HAVE BEEN IDENTIFIED SINCE THE LAST PLAN/REVIEW AND THE INTERVENTIONS TO ADDRESS THOSE NEEDS (move to appropriate domain with next case plan review).

Goal / Need	Intervention	Person Responsible	Time Frame
1.			
2.			
3..			

PARTICIPATION IN DEVELOPMENT & DISTRIBUTION OF CASE PLAN REVIEW

	Child	Family	Caregiver	Other Name:
Date Notified				
Method of Notification				
Date of Participation				
Date Copy Received/Mailed				

CONTACT BETWEEN THE CHILD AND FAMILY

It is the family's right to have contact (i.e. letters, visits, telephone calls) with their child while he/she is in placement.

Did the family comply with their plan of contact with the child? Yes No

If no, explain why:

The current plan of contact between the child and parent(s) is as follows:

Method of contact between child and family:

Frequency of contact between child and family:

CONTACT BETWEEN THE JPO AND CHILD/FAMILY/CAREGIVER

It is required that the JPO maintain contact with the child, family and caregiver on at least a monthly basis. This includes at least one face-to-face visit with the child each month.

Did the JPO maintain contact with the child, family and caregiver on a monthly basis? Yes No

If no, explain why:

Did the child receive at least one monthly face-to-face visit? Yes No

If no, explain why:

ADMINISTRATIVE REVIEW (Staffing)

Administrative Review Facilitator Name: _____ Facilitator Title (in their usual occupation): _____

THE FOLLOWING PEOPLE WERE INVITED TO PARTICIPATE IN THE ADMINISTRATIVE REVIEW (STAFFING) OR PERMANENCY HEARING

Name	Relationship to Child	Type of Notification	Date of Notification	Date of Participation

*Documentation must reflect that the family and caregiver were invited to the review. If any party does not participate, indicate via "Did Not Participate" (DNP)

THE SERVICES DOCUMENTED IN THIS PLAN ARE APPROPRIATE AND CONSISTENT WITH THE BEST INTEREST AND SPECIFIC NEEDS OF THE CHILD AND FAMILY. THIS PLAN DOCUMENTS THE STEPS BEING TAKEN BY ALL PARTIES TO FINALIZE THE PERMANENCY PLAN.

ARE SIGNIFICANT CHANGES OR NEW INFORMATION KNOWN ABOUT THE FAMILY CIRCUMSTANCES THAT MAY AFFECT THEIR ABILITY TO PARTICIPATE IN THE COMPLETION OF THE CASE PLAN?

Yes No

If yes, please describe:

SIGNATURES:

CHILD:	DATE:
FAMILY:	DATE:
CAREGIVER:	DATE:
JPO:	DATE:
FACILITATOR: (IV-E admin reviews only):	DATE:
SUPERVISOR:	DATE:

If any party has not, or refuses to sign, explain: