

Out of Home Family Services Agreement

I. Identifying Information

Child	SS#	DOB:	Age:
Mother	SS#	DOB:	Age:
Address		Phone	
Father	SS#	DOB:	Age:
Address		Phone	
Other Caregiver	SS#	DOB:	Age:
Address		Phone	
Other Caregiver	SS#	DOB:	Age:
Address		Phone	

Social worker/case manager	Phone
Guardian ad Litem	Phone
Attorney for mother	Phone
Attorney for father	Phone
Attorney for child	Phone
Other/relationship:	Phone
Other/relationship:	Phone

The following people participated in the development of this plan (please print)

Permanency Plan: Reunification Custody to non-removal parent Adoption Guardianship/custody with a relative or court-approved caretaker

The anticipated completion date for the permanency plan is ___/___/____. This agreement is effective on ___/___/____
 The agreement will be reviewed on ___/___/___

Indian Child Welfare Act applies to this child (circle one) **yes** **no**

Other case plans affecting this services agreement are attached: (i.e. IEP, Mental Health, Juvenile Services). Indicate effective dates.

II. Current Placement Information: (check one) Home of Both Parents ____; Mother's Home ____; Father's Home ____; Home of Relative (specify) _____; Family Foster Home ____; Specialized or Therapeutic Foster Home ____; Group Home Care; ____ Adoptive Home ____; Other (Specify)

_____ has lived in this placement since ___/___/___.

Name:

Address:

Phone number:

Why was this placement chosen for _____? Discussions must include the following items: least restrictive, most family-like, closeness to home community and child's school district, whether or not it is a relative placement and services of placement designed to meet the needs of the child(dren). Attach additional sheets if needed.

The date the agency obtained custody or placement responsibility for the child was on ___/___/___. Why did the agency obtain custody?

Why was the child removed from the home? (check here for not applicable if the child remains in the home (___))

Is this child placed with siblings? Circle one: **Yes No NA** . If not, why not and what are the efforts to place the child with siblings?

Attach court-ordered visitation/contact plan for the child (with parent, caretaker, siblings, placement provider and other family members or friends) including frequency, supervision, etc. and the date of the court order authorizing visitation. (NCGS 7B-905).

To be Used When Reunification is the Child's Permanency Plan.

III-a. Objectives and Activities to Address Identified Needs:

1. Need (from Strengths and Needs Assessment)
2. Describe behaviors that are of concern.
3. Objective

Activities	Who is Responsible	Target Date

IV-a. Progress Toward Meeting the Identified Need:

Review status: Date ___/___/___	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not achieved	

Review status: Date ___/___/___	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not achieved	

Review status: Date ___/___/___	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not achieved	

To be used when the child's Permanency Plan is not Reunification

III-b. Barriers to accomplishment of alternative permanency plan of _____:

Adoption, custody with non-removal parent, custody or guardianship with relative, or court-approved caretaker

4. Barrier to Permanency:

5. Describe current status of efforts to overcome this barrier:

6. Desired outcome:

Activities	Who is Responsible	Target Date

IV-b. Progress Toward Overcoming Barrier: (continue on reverse if needed)

Review status: Date ___/___/___		Comments:
<input type="checkbox"/>	Objective Achieved in full	
<input type="checkbox"/>	No longer appropriate	
<input type="checkbox"/>	Partially Achieved	
<input type="checkbox"/>	Not achieved	

Review status: Date ___/___/___		Comments:
<input type="checkbox"/>	Objective Achieved in full	
<input type="checkbox"/>	No longer appropriate	
<input type="checkbox"/>	Partially Achieved	
<input type="checkbox"/>	Not achieved	

Review status: Date ___/___/___		Comments:
<input type="checkbox"/>	Objective Achieved in full	
<input type="checkbox"/>	No longer appropriate	
<input type="checkbox"/>	Partially Achieved	
<input type="checkbox"/>	Not achieved	

V. Review and attach most recent Strength and Needs Assessment or Reunification Assessment, as appropriate.

The primary permanency plan is _____ and is appropriate for this child because _____. If the permanency plan is not accomplished, the concurrent plan is _____.

Are the specific orders of the court incorporated into the objectives and activities of this plan? Circle **yes** **no** If not, explain.

Date of next Court Review ____/____/____.

If the youth is 16 years of age or older, describe or attach the Transitional Living Plan including:

- The estimated date of discharge from out of home care
- The youth’s anticipated living arrangement after discharge
- What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network?
- Supportive adults who are working with the youth as he/she progresses toward discharge.

VI. Services to Placement Provider: Describe agency services to the placement provider that are designed to assure that this child's needs are being met.

- A. Meetings between provider and agency**

- B. Meetings and other communication between provider and parent/guardian**

- C. Training specific to the needs of the child**

- D. Respite Care**

- E. Referrals to Community Resources**

- F. Other**

VII. Signatures of persons who wrote this agreement and who will work toward meeting the identified objectives.:

SIGNATURE and COMMENTS	Date of Signature	I received a copy of this Plan.
Parent Comments::		Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent Comments:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Comments:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Foster Parent/Facility Comments		Yes <input type="checkbox"/> No <input type="checkbox"/>
Foster Parent/Facility Comments		Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Worker		Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor		Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian Ad Litem Comments		Yes <input type="checkbox"/> No <input type="checkbox"/>
Tribal Representative Comments		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/Relationship		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/Relationship		Yes <input type="checkbox"/> No <input type="checkbox"/>