



IN THE INTEREST OF:

(CHILD) (DOB) (AGE)

MINOR CHILD(REN)

NON-JUDICIAL OUT-OF-HOME CASE PLAN

RECOMMENDED CASE PLAN PERMANENCY GOAL(S)

Child:
 Primary Goal: Concurrent Goal:
 Primary Goal Expiration Date:

FAMILY GOAL:

PARTIES TO CASE PLAN

Mother	
Address	
Phone Number	
Alternate Phone Number	
Address	
Email Address	

Father	
Father of	
Address	
Phone Number	
Alternate Phone Number	
Address	
Email Address	

Dependency Case Manager	
Phone Number	
Address	

Comment [amj1]: Pre-fills with all children included in the selected Case Planning Worksheet within the Children group box.

Comment [amj2]: Displays for each child included on the Case Plan Worksheet page within the Children group box.

Comment [amj3]: Pulls from the following field on the Case Planning Worksheet page:
Family Goal: Describe how the family will function when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

Comment [amj4]: The Mother pulls based on the Relationships tab of the Maintain Case page for the Case Plan Worksheet page participants that are captured in the Parent/Legal Guardian(s)/ Other Adult Household Members in Caregiving Role.

Comment [amj5]: Pre-fills with the name of the participant and who they are the father of based on the Relationships tab of the Maintain Case page for the Case Plan Worksheet page participants that are captured in the Parent/Legal Guardian(s)/ Other Adult Household Members in Caregiving Role. Based on the relationships documented on the Relationship tab of the Maintain Case page, the system will pre-fill who the participant is the father of, separating each child with a semi-colon if he is the father of more than one child.

NOTE: the system will only look at the relationship for children included on the Case Plan Worksheet within the Children group box. The system will pre-fill each 'Father's' address and associated demographic information from their respective Person Management records. Email address pre-fills from the Worker Management page.

Comment [amj6]: Pre-fills based on the Primary Case Manager field based on the selected Dependency Case Manager on the Case Plan Worksheet. The related phone number and address will populate from the Maintain Unit page from the Unit associated with the selected Worker Name and will not populate from the Person Management record. Email address pre-fills from the Worker Management page.



Email Address	
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Case Manager Supervisor	
Phone Number	
Address	
Email Address	

Guardian ad Litem	
Phone Number	
Address	
Email Address	

Attorney	
Phone Number	
Address	
Email Address	

DANGER STATEMENT:

Comment [amj7]: Pre-fills the Case Manager's Supervisor based on the Dependency Case Manager selected on the Case Plan Worksheet page. The related phone number and address will pre-fill from the Maintain Unit page for the Unit associated with the selected Worker Name and will not populate from the Person Management record. Email pre-fills from the Worker Management page.

Comment [amj8]: Pre-fills from the Professions/Family Support Network Contacts tab of the Maintain Case page with a Role of Guardian ad Litem and will pull in the associated details if documented on Person Management.

Comment [amj9]: Pre-fills from the Professional/Family Support Network Contacts tab of the Maintain Case page with a Role of Attorney and will retrieve the associated details if documented on Person Management. If there is more than one (1) Attorney documented on the Maintain Case page it will retrieve a table for each Attorney.

Comment [amj10]: Pre-fills from the Case Plan Worksheet – Danger Statement field.



SUMMARY OF OUTCOMES

OUTCOME #1:

Outcome applies to the following participants:

Outcome will be achieved when:

Estimated Cost to Parent(s) (if applicable):

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	FSFN Provider	Provider Address		Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete	

OUTCOME #2:

Comment [amj11]: Pre-fills the Outcome selected or entered on the Case Plan Worksheet – Outcomes tab. If the Outcome is user defined, the pre-filled text will be displayed as “Additional outcome, as defined. – [displays the user entered text]. The Outcomes will pre-fill in the order they are captured on the Outcomes tab of the Case Plan Worksheet. Within the template they will be numbered in sequential order.

Comment [amj12]: Pre-fills with the Participants inserted on the Case Plan Worksheet – Outcomes tab, each separated with a semi-colon.

Comment [amj13]: Pre-fills with the Outcome Achieved information documented on the Case Plan Worksheet – Outcomes tab.

Comment [amj14]: Pre-fills with the Est. Cost to Parent(s) (if applicable) on the Case Plan Worksheet – Outcomes tab.

Comment [amj15]: All values within this table pre-fill from the Case Plan Worksheet page – Outcomes tab for each inserted Task within an Outcome. Note that a single Outcome can have multiple associated tasks, and therefore this table will repeat for each Task inserted within an Outcome. In addition, if information is not captured in the optional fields, the field within the table will appear blank.

Comment [amj16]: The Provider is selected (if available) on the Case Plan Worksheet – Outcomes tab for each applicable Task. If the Provider is searched for and selected from the FSFN Provider database table, in addition to the Provider's Name, their Address, Phone Number, and Email will pre-fill from the Provider Record. If the Provider is not available for selection and is user entered, only the Provider Name will pre-fill within the table and t...

Comment [amj17]: Displays Yes or No based on whether the check box is selected or not on the Case Plan Worksheet page for each Task.



Outcome applies to the following participants:

Outcome will be achieved when:

Estimated Cost to Parent(s) (if applicable):

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name		FSFN Provider	Provider Address		Provider Phone Number	Provider Email	
Service Category			Service Type			Task Complete	

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name		FSFN Provider	Provider Address		Provider Phone Number	Provider Email	
Service Category			Service Type			Task Complete	

VISITATION/ FAMILY TIME

Child Name: <Child Name 1>
Date of Birth: MM/DD/YYYY **Age:** ##

Comment [amj18]: The Visitation/ Family Time section will pre-fill from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Visitation/ Family Time group box. Each child will pre-fill with their associated Date of Birth and Age, but is an unduplicated count. Therefore, if the same child has visitation with multiple persons, the Child’s Name, Date of Birth, and Age will pre-fill and display once. The table will pre-fill with each visitation record associated with that particular child. In addition, if the Transportation is being provided by “Other”, the template will display “Other - <text entered>”, pulling in the text that was entered in the associated user entered text field on the Case Plan Worksheet page.



Visitation With	Visitation/ Family Time	Who is responsible for Transportation?	Visitation/ Family Time Schedule	Visitation Restrictions



Child Name: <Child Name 2>
 Date of Birth: MM/DD/YYYY Age: ##

Visitation With	Visitation/ Family Time	Who is responsible for Transportation?	Visitation/ Family Time Schedule	Visitation Restrictions

DEPARTMENT OF REVENUE (DOR) CHILD SUPPORT

Payor	DOR Case Number	Child	Date of Birth	Child Support Obligation	Last Payment Date	Last Payment Amount

Comment [A19]: Pre-fills from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Department of Revenue (DOR) Child Support group box.

CHILD SUPPORT

Payor	Payee	Child	Date of Birth	Frequency	Amount	Start Date

Comment [amj20]: Pre-fills from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Child Support group box.

CHILD 1:

PLACEMENT

Comment [amj21]: The Placement, Health, Education, Independent Living, and Master Trust information will all display for Child 1 and then all display for Child 2, etc. so that it does not display with all children under each individual category. This will enhance the usability for all template users.



American Indian/ Alaskan Native <input type="checkbox"/>	
Is child in an out-of-home placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of placement/living arrangement:	
What are the strengths of this placement?	
What, if any, are the problems with the placement?	
Is the placement the least restrictive, most family-like setting consistent with the child's best interest and special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	
Is the placement in close proximity to the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what efforts were made to place the child closer to his or her home?	
Placement takes into account proximity to the school in which the child is enrolled at time of placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	
Did the child change schools as a result of the placement change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what efforts were made to keep the child in the same school?	
Does the placement support the level of contact to the parents that is deemed appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe efforts to place the child in a placement that will support the contact with the parents.	

Comment [amj22]: System derived from the Child's Person Management record. If selected by the system, the system must populate static Case Manager Responsibilities at the bottom of the Case Plan in addition to those identified, relative to ICWA compliance. The static text responsibilities are to be defined during design.

Comment [amj23]: This will pre-fill with Yes or No based on if the child is in an Out of Home Placement. The Type of Placement/Living Arrangement will pre-fill with the Service Category and Service Type if in an Out of Home Placement OR will pre-fill with the type of Living Arrangement if in a Living Arrangement and not an Out of Home Placement.

Comment [amj24]: All the fields following the "Type of placement/living arrangement" will pre-fill from the Case Plan Worksheet page – Visitation/ Family Time/ Placement tab – Current Placement group box.

Comment [amj25]: Pre-fills from the Last CBHA Evaluation field on the Medical/Mental Health page - Mental Health Profile tab.

Comment [amj26]: The table will populate based on the information documented on the Medical Mental Health Record for the child for each Health Care Provider that is documented. The Type column will indicate if it was the Primary, Other, Mental Health, or Dental. This will ensure that only those which are documented will pre-fill (i.e., empty rows will not take up additional space).

HEALTH INFORMATION

Date of Last Comprehensive Behavioral Health Assessment:

Name of Physician	Type	Address	Phone Number
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MEDICATION INFORMATION

Prescribed Medication	Is Medication Psychotropic?	Date Prescribed	Date Stopped	Parental/Guardian Consent or Court Order Required?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Parental/Guardian Consent Date Obtained: <input type="checkbox"/> Court Order Obtained Date Obtained:

Comment [amj27]: Medication Information will pre-fill with all Medications captured on the Medical/Mental Health record – Medications tab and display with all current Medications (no date stopped) first, newest to oldest, based on Date Prescribed. Next, all Medications which have a date stopped will display newest to oldest based on Date Prescribed. Is Medication Psychotropic will capture Yes or No based on the Psychotropic flag being selected for the Medication. Parental/Guardian Consent or Court Order Required will pre-fill and display either Parental/Guardian Consent OR Court Order Required based on the selected checkbox for the Medication; Date Obtained will pre-fill from the associated “Date Consent Obtained” or “Date Court Order Obtained” based on which check box was selected. This will result in less space being taken up by repeating field labels. In addition, if the child does not have a Medical/Mental Health Record created OR does not have any Medications inserted on Medical/Mental Health, the Medication Information section should not contain any data or blank tables.



MEDICAL/ MENTAL HEALTH SUMMARY

Summary of child's current medical, dental and/or mental health issues, treatments and diagnoses:

Comment [amj28]: Pre-fills from the Case Plan Worksheet – Additional Child Information tab – Medical/Mental Health group box.

EDUCATION INFORMATION

Current School Name:	
Current School Address:	
Current School Phone Number:	
Current Grade Level:	
Is the child an ESE student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESE Programs:	
Does the child have an Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the date of the most recent IEP:	
Does the child have an education surrogate parent appointed by the district superintendent or dependency court?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comment [amj29]: All information in this table pre-fills from the Education page.

If the child does not have an education surrogate parent appointed by the district superintendent or dependency court and the child is an ESE student and in an Out of Home Placement, explain why.

Comment [amj30]: This field will only pre-fill the template if it was enabled and required for the child on the Case Plan Worksheet page – Additional Child Information tab – Education group box.

Is the child performing on current education level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	

Comment [amj31]: Pre-fills from the Case Plan Worksheet page – Additional Child Information tab – Education group box.

MASTER TRUST INFORMATION



Does the child have a master trust account? (If yes, attach Statement of Account) Yes No
 If no, does the child need a master trust account established? Yes No
 If a master trust account needs to be established, then the case manager will establish one on or before:

CHILD 2:
ATTACHMENTS TO COURT REPORT

Medical/ Mental Health	
Medical records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Mental Health records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Immunization records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Dental Records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Education	
Report cards	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Other school records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Day Care Attendance Records (if applicable for Rilya Wilson Act)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Living	
Pre-independent Living Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Life Skills Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Master Trust (if applicable)	
Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:

Comment [amj32]: The entire set of sections above will then repeat for the next child.

Comment [amj33]: The Placement, Health Information, Medication Information, Medical/ Mental Health Summary, Education Information, Independent Living Services, and Master Trust information will all display for Child 1 and then all display for Child 2, etc. so that it isn't broken out with all children under each individual category. This will enhance the usability for court, users, everyone.



Quarterly Accounting Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Other	
Rights and Responsibilities	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Optional Attachments (select and attach to Case Plan)	
Safety Plan	<input type="checkbox"/> Attached
Responsibilities of the Department and Contract Providers	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached

Case Manager’s Responsibilities

Comment [amj34]: These will display at all times.

- (1) The Case Manager will have contact with the parents at least one time per month if the parents’ locations are known.
- (2) The Case Manager will have contact with the child(ren) at least one time per month and more frequently if necessary.
- (3) The Case Manager will attend all scheduled court hearings and report progress to the court.
- (4) The Case Manager will notify the Guardian ad Litem Program, if appointed, within 48 hours of any change in the child’s placement and of any meetings/staffings conducted regarding the child in order for the volunteer to provide input/participation.
- (5) The Case Manager will work with Children’s Legal Services for the Department of Children and Family Services to ensure all required paperwork is submitted in compliance with State and Federal Guidelines.
- (6) The Case Manager will provide caregiver with a copy of the Rilya Wilson Act (F.S. 39.604).
- (7) The Case Manager will provide the parents with referrals and ensure engagement with services listed in this case plan, including assisting the parents with any difficulties accessing services
- (8) The Case Manager will refer the child to any necessary services and endeavor to see that services are engaged.



- (9) The Case Manager will ensure that the child receives a Comprehensive Behavioral Health Assessment within 30 days of the child's entry into foster care.
- (10) The Case Manager will create and implement a plan for ensuring the educational stability of the child while in foster care, including:
- assurances that **each** placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and
 - an assurance that the State/Tribal agency has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure that the child remains in the school in which the child is enrolled at the time of **each** placement; or
 - if remaining in such school is not in the best interest of the child, assurances by the State/Tribal agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all the educational records of the child provided to the school.
- (11) The Case Manager will ensure that the child living in a licensed out-of-home placement receives pre-independent living training and services to be provided as determined by a pre-independent living services assessment are being received and progress of the child's developing the needed independent living skills are evaluated annually at ages 13 and 14. This pre-independent living services assessment shall include, but is not limit to, an assessment of life skills training, educational field trips, and conferences.
- (12) The Case Manager will ensure that the case plan of a child at age 14, living in a licensed out-of-home placement, includes an educational and career path based upon both the abilities and interests of each the child, and shall provide to the child detailed personalized information on services provided by the Road-to-Independence Program, including requirements for eligibility; on other grants, scholarships, and waivers that are available and should be sought by the child with assistance from the department, including but not limit to, the Bright Futures Scholarship Program, as provided in ss. 1009.53-1009.538, F.S.; on application deadlines; and on grade requirements for such programs.
- (13) The Case Manager will ensure that the child living in a licensed out-of-home placement receives age appropriate life skills training and services to be provided as determined by an independent life skills assessment are being received and progress of the child's developing the needed age appropriate life skills are evaluated every six (6) months at ages 15, 16, and 17. This independent life skills assessment shall include, but is not limited to, an assessment of banking and budgeting skills, interviewing skills, parenting skills, time



management skills, organizational skills, educational support, employment training, and counseling. In addition, children receiving these services should also be provided with information related to social security insurance benefits and public assistance.

- (14) The Case Manager will ensure that the child receives Teen Sexual Health information and guidance.
- (15) The case plan must describe the responsibility of the case manager to forward a relative's request to receive notification of all proceedings and hearings submitted pursuant to s. 39.301(14)(b) to the attorney for the Department.
- (16) The case plan must describe a process for making available to all physical custodians and family services counselors the information required by s. 39.6012(2) and for ensuring that this information follows the child until permanency has been achieved.

If the child is 17 years old and in licensed care, the Case Manager will perform the following tasks at a minimum:

Comment [amj35]: These responsibilities will automatically display if a child is 17 years old and in licensed care.

(1) Provide the child with the following documents:

- 1. A current Medicaid card;
- 2. A certified copy of his or her birth certificate;
- 3. A valid driver's license or Florida identification card;
- 4. Information relating to Social Security insurance benefits if the child is eligible for such benefits;
- 5. A full accounting of Social Security benefits and information on how to access those funds if the child has received these benefits and they are being held in trust;
- 6. Information and training related to budgeting skills, interviewing skills, time management and organizational skills, educational support, employment skills, and parenting skills;
- 7. All relevant information related to the Road-to-Independence Program, including, but not limited to, initial and ongoing eligibility requirements, forms necessary to apply, and assistance in completing the forms.

(2) Ensure that the child:



1. Has been informed that he or she, if eligible for the Road-to-Independence Program, may reside with the licensed foster family or group care provider with whom the child was residing at the time of attaining his or her 18th birthday or may reside in another licensed foster home or with a group care provider arranged by the Department;
2. Has an open bank account, or has identification necessary to open an account, and has been provided with essential banking skills;
3. Has been provided with a clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and what educational program or school he or she will be enrolled in;
4. Has been provided with notice of his or her right to petition the court to continue jurisdiction for one year after the youth's 18th birthday and with information on how to obtain access to the court;
5. Has been provided all relevant information related to the Patient Protection and Affordable Care Act, P.L. 111-148 regarding the importance of having a health care power of attorney, health care proxy, or similar document; and
6. Has been provided all relevant information related to the Patient Protection and Affordable Care Act, P.L. 111-148 regarding the importance of having a health care power of attorney, health care proxy, or other similar document; and
7. Has been encouraged to attend all judicial review hearings.

Substitute Caregiver Responsibilities

(1) The caregiver must have a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

(2) The caregiver will learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

Comment [amj36]: These responsibilities will display if the "Include Substitute Caregiver Responsibilities" checkbox is selected on the Case Plan Worksheet page – header group box.



- (3) The caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
- (4) The caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.
- (5) The caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
- (6) The caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.
- (7) The caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.
- (8) When the plan for the child includes reunification, the caregiver will work with agency staff to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.
- (9) The caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication.
- (10) The caregiver will keep the case manager informed about others having frequent interactions with the child, particularly those who may be temporarily supervising or residing with the child. The caregiver will not allow the child to have contact with anyone prohibited by the court.



(11) If the child is age 3 and enrolled in a licensed early education or child care program, the caregiver will ensure that the child is enrolled to participate in the program five days per week. If a child covered by this section is absent from the program on a day when he or she is supposed to be present, the person with whom the child resides must report the absence to the program by the end of the business day.

(12) The caregiver will contact the Case Manager concerning any plans for out-of-state travel while the case is under court supervision.

RESPONSIBILITY OF NOTICE OF CHANGE OF RESIDENCE AND CONTACT INFORMATION

(1) The Mother and/ or Father will provide the dependency Case Manager with her or his address and telephone contact number and will notify the Case Manager of any changes of her or his address or telephone number within 3 days of any change.

(2) The Mother and/ or Father will immediately notify the Department/Case Manager of any change in people who are living in or regularly visiting her or his home and any change in marital status.

Comment [amj37]: The parents responsibility of notice of change of residence and contact information and Notice to Parents will always display.

NOTICE TO PARENTS

A case plan is a legal document that contains the plan for a child to safely remain with the parents, return to a parent's custody, or have a permanent out-of-home placement. The case plan will be submitted to the court. The court may accept the case plan, modify the case plan, or not accept the case plan. After acceptance, no changes may be made without court approval. The parents may request judicial review of any provision of the case plan with which the parents disagree at any court hearing. The court will review case plan compliance at least every six months.

The case plan must have a permanency goal. The initial case plan permanency goal when a child is removed from the parents is typically reunification with the parents. The court may also order that the case plan have a concurrent goal of permanent out-of-home placement



including permanent guardianship and adoption. Under certain circumstances, rather than order a goal of reunification at the start of the case, the court may order that the case plan have a goal for the child to be permanent out-of-home placement including permanent guardianship and adoption.

If the goal of the case plan is reunification, the case plan may require that the parents complete tasks and services to address the reasons for the Department's involvement with the family. The Case Manager will refer the parents to services by providing the parents documents called 'referrals' to services. The referral will have the name and address of the person or agency that will be providing the service to the parents. The Case Manager will work with the parents to identify and resolve any problems the parents may have with completion of the tasks in the case plan. The case plan must have an expiration date for the parents to comply with the case plan tasks.

If the parents fail to achieve adequate progress with the outcome(s) of the case plan, the Department or another party may request that the court order the permanent out-of-home placement of the child including permanent guardianship and adoption.

Adequate progress with the outcome(s) of this case plan occurs when the safety or danger threats that caused the creation of this case plan have been significantly reduced to the extent that the safety of the child will not be compromised upon the child's return to a parent, or the child remaining with a parent.

Parents may receive assistance from any person, an attorney, or another social services agency in preparing the case plan. An attorney may assist parents in developing the case plan and understanding the case plan, and may provide any other advice the parents may need. Parents have a right to have an attorney represent them at any time in the dependency proceedings. If parents cannot afford to hire an attorney, they may ask the court to appoint an attorney for them.

Signing the case plan constitutes an acknowledgement that the case plan has been developed by the parties and that they are in agreement as to the terms and conditions contained in the case plan.

Signing the case plan does not constitute an admission to any allegation of abuse, abandonment, or neglect and does not constitute consent to a finding of dependency or termination of parental rights. The refusal to sign the case plan does not prevent the court from accepting the case plan if the case plan is otherwise acceptable to the court.



FAILURE OF THE PARENT TO ACHIEVE ADEQUATE PROGRESS WITH THE OUTCOME(S) OF THE CASE PLAN MAY RESULT IN THE TERMINATION OF PARENTAL RIGHTS. IF THE PARENTS DO NOT START TO COMPLETE THEIR TASKS PROMPTLY, THE COURT MAY FIND THAT THE PARENTS HAVE FAILED TO ACHIEVE ADEQUATE PROGRESS WITH THE OUTCOME(S) OF THE CASE PLAN EVEN THOUGH THE ESTIMATED COMPLETION DATE FOR THE OUTCOME(S) HAS NOT YET PASSED. THIS IS CALLED A MATERIAL BREACH OF THE CASE PLAN WHICH MAY RESULT IN THE FILING OF A PETITION FOR TERMINATION OF PARENTAL RIGHTS EVEN BEFORE THE ESTIMATED COMPLETION DATE(S) FOR THE OUTCOME(S) SET FORTH IN THE CASE PLAN. FOR THIS REASON, IT IS VERY IMPORTANT FOR PARENTS TO START WORKING ON THEIR TASKS AS EARLY AS POSSIBLE.

DO NOT SIGN THE CASE PLAN UNTIL YOU HAVE READ AND UNDERSTAND THE ENTIRE CASE PLAN.



SIGNATURES

Mother: **Date:**

Mother's Attorney: **Date:**

Father (Name): (Repeat for Each Father) **Date:**

Father (Name)'s Attorney: (Repeat for Each Father) **Date:**

Case Manager: **Date:**

Case Manager Supervisor: **Date:**

Guardian ad Litem: **Date:**

Guardian ad Litem Attorney: **Date:**



Other:

Date:



Other: _____ **Date:** _____

Other: _____ **Date:** _____

Other: _____ **Date:** _____

CLS Attorney: _____ **Date:** _____



CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic delivery/facsimile to:

this ____ day of _____, 20__.

CLS Attorney

Date: