

Family Name: _____

Date: _____

TYPE OF MEETING:

- 24 Hour 30 Day 60 Day 90 Day 120 Day 6 Month/PPRT Review Progress
- Placement Change Goal Change Revise Service Agreement At the parent's request
- Other: _____

PURPOSE OF MEETING

- Assessing safety of the child
- Determine if the child can be reunited
- Discuss case goal and need for permanency
- Determine service and treatment needs
- Review placement options and appropriateness
- Develop/Review/Revise case plan
- Evaluate case progress
- Review of services needed/in place
- Develop/Review visitation plan

GROUND RULES

- Be respectful of each other
- One person speaks at a time
- Focus on the purpose
- Everyone has a chance to speak and be heard
- It is ok to disagree
- Speak to each other, not about each other
- Encourage honesty without blaming or shaming
- No idea is a bad idea
- Ideas should not be judged

- Adoption and Safe Families Act* discussed.
- Indian Child Welfare Act*
 - Does the child have Indian Ancestry? Yes No

Reason for Removal/Identified Threats of Danger:

SUMMARY OF PROGRESS

Child Education:

Child Health/Mental Health/Child Vulnerability:

Parents' Health/Mental Health/Caregiver Protective Capacity:

Special Needs of the Family (if applicable):

Diligent Search (absent parent, relatives, kin):

Resource Provider Update:

Progress/Services/Treatment Needs Necessary to Achieve Permanency:

Written Service Agreement:

Review of Court Orders:

VISITATION RECOMMENDATIONS:

Who Will Visit	Supervised Yes/No	If Supervised by Whom	Frequency/Duration/Location
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Parent 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Sibling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERMANENCY PLAN:

- Reunification Adoption Guardianship Placement with Fit and Willing Relative
 Another Planned Permanent Living Arrangement

CONCURRENT PLAN:

- Adoption Guardianship Placement with Fit and Willing Relative
 Another Planned Permanent Living Arrangement

RECOMMENDATIONS:

- The child will remain in alternative care with the following provider: _____
 The child will return home on a Trial Home Visit with Parent 1 / Parent 2 / Other _____

RESIDENTIAL REAUTHORIZATION ATTACHMENT

REASON FOR RESIDENTIAL PLACEMENT (List specific behaviors that lead to residential placement):

LIST SPECIFIC SERVICES IN PLACE:

- | <u>SERVICE</u> | <u>FREQUENCY (weekly, bi-weekly, monthly)</u> |
|---|---|
| <input type="checkbox"/> Individual Therapy | |
| <input type="checkbox"/> Family Therapy | |
| <input type="checkbox"/> Group Therapy – List specific group participation: | |
| | |
| <input type="checkbox"/> Art Therapy | |
| <input type="checkbox"/> Substance Abuse Treatment | |
| <input type="checkbox"/> Sexual Offender Services | |
| <input type="checkbox"/> Other | |

The FST should be choosing the services/therapies the child is involved in to ensure they are directly relating to the problem/reason for referral.

Are the services in place still necessary to address the problem/reason for referral? Yes No

RFA Payment Level

- Level II Level III Level IV Level IV+

Is the child receiving the correct amount of services for the payment level? Yes No

Level II – services one time per week

Level III – services six times per month

Level IV – services twice per week

CSPI score:

Rehab Begin Date in FACES: