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DCF/ Family Services Division
Case Plan for Children in Custody Under 14

Date of Case Plan:

Type of Review: 2 year Case Plan Review **Docket #:**

Child's Names: Aiden Towle **Age:** **DOB:**

Parents:

Mother:

Father of Aiden:

Is the child Native American¹?

If yes, what tribe?

Has the child been registered with the tribe?

Social Worker:

Case Type: CC

District:

Custody Date:

Date of case opening:

of placements since custody: 1

Case Plan Goal

1a. The goal for every child in DCF custody is a safe and permanent home to grow up in. If that home cannot be the home of the child's parent(s) another permanent home and plan will be identified.

- a. Discharge custody to:
- b. Adoption
- c. Transfer guardianship to: _____
- d. Prepare for independence (APPLA): _____
- e. Concurrent Plan:

2a. Estimated date for achieving case plan goal:

3. Why is this goal in the child's best interest?

¹ If either parent is a member of a registered Native American Tribe, or may be eligible for membership, DCF must contact the Assistant Attorney General immediately for assistance in complying with the Indian Child Welfare Act. (Note: the Abenaki tribe is not a registered tribe.)

1 **4. If the plan is adoption or Another Planned Permanent Living Arrangement, and the**
2 **child/youth is not living in a permanent home, describe steps you will take to find a**
3 **permanent home. Include child specific recruitment efforts.**
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6 **LIVING ARRANGEMENT**

7 **5. Where is the child living?**
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10 **6. Describe why this placement is safe and appropriate for this Child/youth, include**
11 **resources in child's home, school and community.**
12

13 **7. If placement is not with parent or relative explain efforts to identify and evaluate kinship**
14 **placements.**
15

16 **8. Describe efforts made to place siblings together if separated.**
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19 **9. What is the plan for support of the child's caregivers? (Respite, services etc.)**
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21 **10. If youth is living in a setting other than a foster home, what is the discharge plan?**
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24 **Connections**

25 **11. Proposed Plan for Family Time (parent child contact, sibling contact and extended family).**
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28 **12. List people who are connected/important to the child.**
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32 **13. List people who are connected/important to the parent(s).**
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35 **Heath Care:**

Provider	Name	Address	Last exam/visit
Primary Care Provider			
Audiology			
Dentist			
Psychiatrist			

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14. Are immunizations up to date? If not, what is the plan?

15. Child's medication

EDUCATION

Current School	Address	Phone	Grade

16. If the current school is not the school the child was enrolled in at the time of placement please explain why.

17. Is child on an IEP/504?

Educational Surrogate Name	Address	Phone

18. Basis for IEP/504.

19. Identify how IEP/504 goals are being addressed and are there any unmet educational needs.

Teaming
20. Team Members

23. Why was it necessary for DCF to become involved or continue to be involved with this family?

24. Family Strengths and Risk Factors and Assessment of Family Needs. Summarize what has happened with the family since the last case plan.

25. Child(ren) Strengths and Needs and Assessment of Child(ren)'s Needs. Summarize what has happened with the child since the last case plan.

1 **28. Goals for Change: Results Expected as Identified by the Family, Social Worker and**
2 **Goals**

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DCF will:

***Parent:** _____ **Date:** _____

***Parent:** _____ **Date:** _____

***Child/Youth** _____ **Date:** _____

Social Worker _____ **Date:** _____

Family Services Supervisor _____ **Date:** _____

***Signature does not signify agreement. It means that parent/child and or youth were involved in developing this case plan.**