



**III. Current Status of the Case:** *(If the child has NOT been removed from the home proceed to Section IV below.)*

1. A description of the state child protective service agency's efforts to prevent removal of the child from home:

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2. If the child is removed, a description of the state child protective service agency's efforts to reunify the family:

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3. If removal or continued placement out of the home is recommended by the state child protective service agency, an explanation of why the child cannot safely be placed in the home:

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4. A description of any efforts to notify and locate absent parents:

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5. Identification of all relatives or fictive kin contacted for possible placement with child and why those relatives or fictive kin are not recommended for placement:

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6. The recommended permanency goal and duration:

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7. Information regarding placement of siblings and plan for sibling visitation:

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8. A description of any variation between the state child protective service agency's out of home case plan and the dispositional report:

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9. Other current status issues: *(Narrative)*

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**IV. Professional Assessment:**

Recommendations:

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**Children's Custody:**

Recommend that \_\_\_\_\_ (*specific child's name*) be committed to the Cabinet as a  
 dependent child; or  neglected or abused child.

Recommend that the case remain a non-removal.

Recommend that temporary custody  continue with  be changed to \_\_\_\_\_  
\_\_\_\_\_ (*specific name of a  relative  non-relative placement*).

**Parent's Recommendations:**

**Mother:**

- Cooperate with the Cabinet.
- Complete a substance abuse assessment and follow all recommendations by \_\_\_\_\_.
- Complete a parenting assessment and follow all recommendations by \_\_\_\_\_.
- Complete a domestic violence assessment and follow all recommendations by \_\_\_\_\_.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father:**

- Cooperate with the Cabinet.
- Complete a substance abuse assessment and follow all recommendations by \_\_\_\_\_.
- Complete a parenting assessment and follow all recommendations by \_\_\_\_\_.
- Complete a domestic violence assessment and follow all recommendations by \_\_\_\_\_.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DCBS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of SSW

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
SSW Contact Information

\_\_\_\_\_  
Date

Distribution:

- Court file
- Guardian ad litem
- Cabinet for Health and Family Services, or facility or agency where child is placed
- All counsel of record and/or parents/custodians of child not represented by counsel