**Parenting Together Plan (PTP)**

**For Independent Living Programs**

**Rights and Responsibilities for Parenting Youth and Independent Living Providers**

TheParenting Together Plan (PTP) isan agreement between the parenting youth and how the independent living program (ILP) staff will support the parenting youth while in their placement. For example, the agreement creates an understanding that the ILP will be responsible for providing the necessary start up items for the parenting youth and their child depending on the current development stage of the child and items already secured. For example, a list of items could include proper furniture such as a crib, toddler bed, high chair, and/or other furniture depending on the age and needs of the child.

**Rights and Information for the Parenting Youth**

* A child does not automatically become a foster child just because the parenting(youth) is in foster care. It depends on the parenting youth’s ability to take care of and keep the child safe.
* If the parenting youth abuses or neglects their child, or fails to take care of the child (this could include running away or leaving the child with someone who is not responsible/appropriate), then the Cabinet for Health and Family Services (Cabinet/CHFS) may remove the child from the parenting youth’s custody. If this occurs, the parenting youth will have an opportunity to work a case plan with CHFS to regain custody of their child.
* The parenting youth has the right to speak to their attorney (GAL) at any time pertaining to their child. The social worker or caregiver can assist with the process.
* CHFS must try to find a placement where the parenting youth and their child can live together and receive the support they need to be successful.
* Parenting youth are permitted to share a bedroom or living space with their child.

**Supports for the Parenting Youth**

* The social worker and independent living case manager in the ILP may help the parenting youth apply for following benefits for their child:
1. Social Security card;
2. Birth certificate;
3. Services such as child care assistance and other programs through family support at: <https://benefind.ky.gov/>;
4. Paternity/child support (if needed);
5. WIC vouchers;
6. Referral to HANDS/First Steps (if needed); and
7. Referral to Family First prevention services (if needed).
* The independent living case manager will meet with the parenting youth weekly to offer assistance and support to the parenting youth regarding parenting.
	+ During weekly contacts, the caseworker must:
1. Discuss the parenting youth’s needs and current parenting needs.
2. Document in parenting youth’s monthly contact:
* If the caseworker was able to see the parenting youth’s child;
* Observations;
* Any identified needs of the parenting youth or their child; and
* The IL case manager must consult with his or her supervisor and/or DCBS social worker any time there is a concern that the child’s needs are not being met by the youth.

I understand the rights and responsibilities of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parenting youth Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ILP case manager DCBS social worker

SHARED PARENTING WORKSHEET

PARENTING YOUTH NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invited participants (participant checklist):

\_\_\_\_\_ Parenting youth

\_\_\_\_\_ 2nd parent to the child

\_\_\_\_\_ Foster parent/caregiver

\_\_\_\_\_ Social worker

\_\_\_\_\_ Therapist/case manager

\_\_\_\_\_ HANDS/First Steps

\_\_\_\_\_ Independent living specialist

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksheet is to be completed with parenting youth within first thirty (30) days of placement and every six (6) months for the duration of the case. If there is a disagreement noted, it can be changed or altered to meet the parenting youth’s current situation. All participants receive a copy of the worksheet.

Does the parenting youth receive services to support parenting, such as HANDS or other parent education program? Yes \_\_\_\_\_ No \_\_\_\_\_

If appropriate, who will link the parenting youth to a program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positive parenting remarks:

Additional needs identified by the parenting youth:

\*Refer to IL treatment plan to clearly define and review all goals while placed in the ILP.