

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

CASE PLAN

Case Name:

Case Open Date:

Case Number:

Transferred for Ongoing Services: _____

Case Plan Type: CPS APS Out of Home Care (All sections must accompany OOHC case plan)

Case Plan Conference Date:

Next Case Plan Due:

Case Plan Modified Date:

Modified Reason:

Prevention Services

Is this a Family First Prevention Services Act (FFPSA) case plan? Yes No

Prevention Services

QRTP (Qualified Residential Treatment Program)

List of Family First Prevention Candidates:

Candidates for Foster Care	Date Identified as Candidate	Date Candidacy Ended	What is Family's Prevention Strategy?	Date of Child's Prevention Strategy	Candidacy will continue beyond 12 months of the original determination Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY/HOUSEHOLD MEMBERS

Name	Age	Absent Parent	Address

RELATIONSHIPS

Name	Relationship	Related To Whom?

Assessment for which the Case Plan is based:

Intake ID	Date Created	Date Approved	Outcome	Status	Results

Reason for Case Plan

What broke down in the family that led to abuse/neglect?

What is the overall goal of services to the family?

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

CASE PLAN EVALUATION

*For Case Plan Evaluation Only

1. Family/Parents (Family Level Objectives)

2. Individual (Individual Level Objectives)

3. Achieved (Yes/No): Yes No

4. Date Achieved :

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Family Level Objectives - Primary

Name:

Objective: _____

Tasks: _____

Task to begin: _____ Status: _____

Objective: _____

Tasks: _____

Task to begin: _____ Status: _____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Family Level Objectives - Secondary

Name:

Objective: _____

Tasks: _____

Task to begin: _____ Status: _____

Objective: _____

Tasks: _____

Task to begin: _____ Status: _____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Individual Level Objectives

Name:

Objective: _____

Tasks: _____

Task to begin: _____ **Status:** _____

Name:

Objective: _____

Tasks: _____

Task to begin: _____ **Status:** _____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Individual Level Objectives

Name: _____

Objective: _____

Tasks: _____

Task to begin: _____ **Status:** _____

Objective: _____

Tasks: _____

Task to begin: _____ **Status:** _____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

OUT OF HOME CARE SECTION

CHILD/YOUTH INFORMATION

***For children in out of home care**

Child/Youth Name: _____

Specialized population: _____

Permanency Goal: _____

Reason for Permanency Goal: _____

Has the child been in out of home care 15 months out of the last 48 months? Yes No

Has a petition for termination of parental rights been filed? Yes No If no, please explain: _____

Birth date	Date of Commitment	County of Custody/ Commitment	County with Case Responsibility	Date Parents were notified of Removal	Permanency Hearing Due Date

Date of next court review:

Date child/youth will have been in OOHC 15 of the most recent 48 months: _____

If this is an initial plan, describe services offered and provided to prevent placement: _____

Qualified Residential Treatment Program (QRTP) placement during case plan period

Placement Name	Date entered placement	Date moved from placement

QRTP assessment is non-applicable

If the child is placed in a QRTP indicate whether the following circumstances exist:
All permanency team members were invited to the case planning conference.

Yes No

Meetings of the family and permanency team, including meetings relating to the assessment were held at a time convenient for the family.

Yes No

The family and permanency team had input into the QRTP assessment.

Yes No

There is a court determination that sibling separation is in the best interest of the child(ren).

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Yes No NA, The child has no siblings.

The placement preferences of the family and permanency team related to the QRTP assessment were taken into consideration.

Yes No If no, document why the preferences of the team and/or of the child were not recommended

QRTP Short and Long-term Mental and Behavioral Health Goals for Child: (Import from CRP Module) – SSW will use as a guide for Child/Youth Action Plan

Beyond commitment/custody, are there other judicial orders made with respect to the child/youth? Yes No N/A
(This includes court ordered visitation, parent or child counseling or other orders of the court.) If yes, explain: _____

Is concurrent planning appropriate? Yes No

Have basic living skills and vocational or job preparation services been addressed for youth 16 or older on the child/youth plan?
 Yes No

PERMANENCY GOAL FOR THIS CHILD/YOUTH

Reason for selection of this goal: _____

Goals **other than** “Return to Parent” must include documentation, on the Child/Youth Action Plan, of the steps the **agency** is taking to find an adoptive family or other permanent living arrangement for the child. N/A Applicable

CURRENT PLACEMENT INFORMATION

Placement Type: _____

Current County of Placement _____ Date of Current Placement _____

Is this placement the least restrictive? Yes No

Is this child/youth placed in the parent’s county of residence? Yes No NA

Is child/youth placed in same school district as prior to placement or since the last review? Yes No

Is the Placement Log attached to the Court’s copy? Yes No

Date Entered Resource	Date Moved From Resource	Date Exited Out of Home Care	Resource	Approval Status

If the answer to any of the four previous questions is no, provide justification: _____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

What steps address the safety and the appropriateness of this placement for the child/youth? _____

Placement factors not met: _____

Provide justification for the placement factors not met: _____

Placement comments: _____

Reason for continued placement: _____

CHILD/YOUTH HEALTH STATUS

Attach a copy of the child's/youth's **most recent** immunization record to the case plan.

Has the child/youth's Medical Passport been reviewed and up to date in connection with this conference? Yes No

If no, explain: _____

Record the discussion of the child's/youth's physical and mental health status, including medications. Beyond "Normal and Routine Medical Care", identified needs must be addressed in the Child/Youth Action Plan.

Child's/youth's primary physician: _____

Address: _____

Date the child's/youth's next comprehensive health examination is due:

Mental/Physical Health Objective	Objective/Tasks to be Accomplished	Start Date	Status/Update

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

EDUCATION STATUS

What is child's current grade level? [_____] Is this level appropriate Yes No

Name and address of school child/youth attends: _____

Provide history of the child's/youth's educational problems or needs: _____

List the child's/youth's assessed educational needs. Identified needs must be addressed on the Child/Youth Action Plan.

Educational Objective	Objective/Tasks to be Accomplished	Start Date	Status/Update

Independent Living/Court Orders Objective and Tasks

Independent Living or Court Order	Objective/Tasks to be Accomplished	Start Date	Status/Update

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

CHILD/YOUTH ACTION PLAN

Permanency Goal:

The child's/youth's health, educational, personal, social, and developmental needs must be assessed. Written objectives/tasks must include:

- Each need identified in the risk assessment;
- Basic living skills and vocational/job preparation for youth 16 and older; and
- **Steps the agency** is taking to find an adoptive family or other permanent living arrangement if the child's permanency goal is NOT "Return to Parent"

Name: _____

Objective: _____

Tasks

Objective: _____

Tasks

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

Objective: _____

Tasks

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

OOHC Case Plan Evaluation

A summary of progress must be included in the case plan. This summary should be based on documentation in the assessment and case record.

1. Family/Parents (Family Level Objectives) _____

2. Individual (Individual Level Objectives) _____

3. Child/Youth/Children (Child/Youth Action Plan) _____

4. Parent and Child/Youth Visitation _____

If changes were made affecting visitation rights, were parents notified?

Yes, Date: _____ No If no, explain: _____ No changes

5. State reasons for continued placement _____

6. Sibling Separation: Yes No
Date of sibling separation: _____
Date sibling separation was approved: _____
Consideration of sibling relationships (i.e. family treatment, visitation, etc.) _____

RIGHTS AND RESPONSIBILITIES OF PARENTS

1. To provide for and to consent to your child's medical care.
2. To maintain contact with your child.
3. To be informed in advance of changes in your child's placement whenever possible.
4. To be informed of actions initiated by the Cabinet in the courts which could result in a change in your child's legal status.
5. To determine religious affiliation.
6. To be advised of and to participate in all case planning conferences and periodic or court reviews.
7. To be offered services that will help bring your child(ren) home again.
8. To file a formal complaint using the Department's service or civil rights complaint procedures if you feel your rights have been violated.
9. To be provided the protection of confidentiality as provided by KRS 61.878 and KRS 620.050.
10. To receive a copy of court records, case plan and review (DPP-1281), or court review documents bearing on your child's status or the services provided to them.
11. To financially support your child in accordance with your ability to do so.
12. To keep the Department advised of your whereabouts.
13. To maintain your parental role through various activities.
14. Stay informed about your child(ren)'s health, development, and progress in school.
15. Receive fair treatment regardless of race, culture, gender, or religion.

These are rights and responsibilities of all parents for whose children the Cabinet has legal responsibility. There may be instances when your child's health or well-being is endangered and the Cabinet or the court would have to assume the responsibilities.

RIGHTS OF THE CHILD

A child who is placed in foster care shall be considered a primary partner and member of a professional team. A foster child, as the most integral part of the professional team, shall have the following rights as established in KRS 620:

1. The right to adequate food, clothing, and shelter.
2. The right to be free from physical, sexual or emotional injury, or exploitation.
3. The right to develop physically, mentally, and emotionally to their potential.
4. The right to educational instruction.
5. The right to a safe, secure, and stable family.
6. The right to have their educational needs met.
7. The right to remain in the same educational setting prior to removal, whenever possible.
8. The right to be placed in the least restrictive setting in close proximity to his/her home that meets his/her needs and serves his/her best interests to the extent that such placement is available.
9. The right to information about the circumstances requiring his/her initial and continued placement.
10. The right to receive notice of, attend, and be consulted in the development of case plans during periodic reviews.
11. The right to receive notice of and participate in court hearings.
12. The right to notice and explanation for changes in placement or visitation agreements.
13. The right to visit the family in the family home, receive visits from family and friends, and have telephone conversations with family members, when not contraindicated by the case plan or court order.
14. The right to participate in social extracurricular, enrichment, cultural and social activities, including sports, field trips, and overnight activities.
15. The right to express opinions on issues concerning his/her care or treatment.
16. Youth 14 and older: The right to designate two additional people to participate in case planning conferences/periodic reviews, who are not the foster parent or the child's worker, and who may advocate on the child's behalf. (The agency may reject an individual with reasonable belief that individual will not act appropriately on the child's behalf.)
17. Youth ages 14 and older: The right to receive a written description of the programs and services that will help them prepare for the transition from foster care to successful adulthood.
18. Youth ages 14 and older: To receive a consumer report yearly until discharged from care and to receive assistance in interpreting and resolving any inaccuracies in the report.
19. Youth preparing to exit by reason of attaining 18 years or older are entitled to receive, free of charge: an official birth certificate, a social security card, health insurance information, a copy of their medical records, and a state issued ID.

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

YOUTH SIGNATURE PAGE

*This signature sheet shall be completed for in home and OOHC case plans

My case plan and my rights were explained to me in an age-appropriate manner. I have received a copy of my case plan, which includes a statement regarding my rights.

Youth Signature

Date

Youth Signature

Date

Youth Signature

Date

Youth Signature

Date

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

CONFERENCE PARTICIPANTS

*To be completed for OOHC Case Plans only (this is not a signature page and can be completed by the DCBS worker).

Child/Youth Name:

List by name all persons invited to attend:	Date Notified	In Attendance Y/N	Received copy OOHC Case Plan Y/N
1. _____ Mother	_____	_____	_____
2. _____ Father	_____	_____	_____
3. _____ Parent's Attorney	_____	_____	_____
4. _____ Child/Youth	_____	_____	_____
5. _____ Child/Youth	_____	_____	_____
6. _____ Child/Youth	_____	_____	_____
7. _____ Child's/Youth's Attorney	_____	_____	_____
8. _____ Care Provider	_____	_____	_____
9. _____ Objective Third Party (Periodic Review)	_____	_____	_____
10. _____ County Attorney	_____	_____	_____
11. _____ CASA	_____	_____	_____
12. _____ FSOS	_____	_____	_____
13. _____ SSW	_____	_____	_____
14. _____ Other Agency Staff	_____	_____	_____
15. _____ Other	_____	_____	_____

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

OOHC CASE PLAN SIGNATURE PAGE

*To be completed for OOHC Case Plans only

Additional Copies Sent to:

DPP-154 given to client

Date

Copy of case plan given to client:

Date

Next scheduled conference date:

Attention Parents: If your child/youth has been removed from your home, it was because the court has determined the risk was too great for the child(ren) to remain there. This case plan is designed to assist in reuniting you with your child/youth. However, failure to progress in this plan may result in termination of your parental rights and permanent placement of your child/youth.

My signature below verifies that I have participated in the case conference; I agree with the plan and I understand my rights and responsibilities as related to this case plan.

I understand that if I am dissatisfied with the action taken in this document, I may, within 30 days from the date of this action, file a written complaint (DPP-154) with the Office of the Ombudsman and Administrative Review, 275 East Main Street, 2E-O Frankfort, Kentucky, 40621.

I further understand that the complaint shall be written and that an attorney may represent me.

Comments:

All conference participants should sign this case plan. Anyone declining to sign will be listed as "in attendance only" and noted in the comments section.

Family Member

Date Signed

Family Member

Date Signed

Social Services Worker

Date Signed

Family Services Office Supervisor

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Case Number:
Case Name:

DPP-1281
Rev. 9/19
922 KAR 1:140

IN HOME CASE PLAN SIGNATURE PAGE

*To be completed for In Home Case Plans only

My signature below verifies that I have participated in this case conference. I agree with the plan and I understand my rights and responsibilities as related to this case plan. I also understand that absent effective preventative services, placement in foster care is the planned arrangement for the child(ren). I understand that if I am dissatisfied with the action taken in this document, I may, within thirty (30) days from the date of this notice, file a complaint with the Office of the Ombudsman and Administrative Review, Quality Advancement Branch, 275 East Main Street, 2E-O Frankfort, KY 40621. I further understand that the complaint shall be written and that I may be represented by an attorney.

COMMENTS:

Signatures: _____
Parent Date Parent Date

SSW Date FSOS Date

Prevention Service Provider Date Other Date

Other Date Other Date

Copy of plan given to client on this date: _____

DPP-154 given to client on this date: _____

Next scheduled conference date: _____