

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
CHILD OR FAMILY CASE PLAN**

SECTION I Identifying Information

Case ID:

Case Name:

Child

Name	Civil Action No.	DOB	Gender

Name, address and phone number of parties to civil action and of those entitled to notice and opportunity to be heard: **Rule 28(c)**

Respondent:

Respondent:

Petitioner:

Co-Petitioner:

Foster Parent:

Preadoptive Parents:

Custodial Relatives:

CASA:

SECTION II Type of Case Plan

Case Plan Date _____

_____ This plan is an original family case plan that is submitted within thirty days of the entry of an order granting an improvement period. (W. Va. Code § 49-6-2(b)).

_____ This plan is an original child case plan that is being submitted at least five judicial days before the dispositional hearing. (W. Va. Code § 49-6-5(a)).

_____ This document is a revised or modified case plan.

SECTION III Child Already Out of Home

A. Circumstances Necessitating Removal-Rule 28(c)(1)

Child:
Circumstance Necessitating Removal:
Date Removed:

B. Identify Reasonable Efforts to Prevent Placement or Why Reasonable Efforts were not required Rule 28(b)(1)

Child:
Reasonable Efforts to Prevent Placement:
Reasonable Efforts Not Required:

SECTION IV Termination of Parental Rights

A. Is termination of parental rights requested at this time? Yes/No

B. If the answer to the question above is yes, identify the reasons for requesting termination of parental rights.

- 1) _____ **Has the child been in the custody of the agency and/or in out-of-home care for 15 out of the last 22 months.**
- 2) _____ **Has the court determined that the child has been abandoned?**
- 3) _____ **Has the court determined that the parent: a) has committed murder or voluntary manslaughter of another of his or her children; b) has attempted or conspired to commit such murder of voluntary manslaughter or has been an accessory before or after the fact of either crime; or c) has committed unlawful or malicious wounding resulting in serious bodily injury to the child or to another of his or her children.**
- 4) _____ **Has the court determined that the parental rights of the parent to a sibling have been terminated involuntarily?**
- 5) _____ **There is no reasonable likelihood that the conditions of neglect or abuse can be substantially corrected in the near future. If so, identify the case-specific facts supporting this assertion.**

C. If the Department would otherwise be required to seek termination of parental rights, is there a compelling reason not to seek termination of parental rights?

Yes/No

D. If the answer to the question above is yes, identify the compelling reason not to seek termination of parental rights:

1)_____ The child’s age and preference regarding termination of parental rights;

2)_____ The child has been placed in the Department’s custody based upon juvenile proceedings brought pursuant to West Virginia Code §§ 49-5-1, *et seq.*;

3)_____ Filing the petition would not be in the child’s best interests; or

4)_____ Reasonable efforts are required to return the child to his or her family, but the Department has not yet provided services necessary to return the child to the home.

SECTION V Child in Home

Circumstances Necessitating Court Intervention: RULE 28(a)

Safety Influences:

No.	Safety Influences
-----	-------------------

Aggravated Circumstances and In-home safety Plan: RULE 28(a)

Child	Aggravated Circumstances	In-home Safety Plan

SECTION VI Recommended or Current Placement: RULE 28(c)(3); 42 U.S.C. § 675(1)(A)

A)

Child:

Type:

Provider Name:

Entry Date:

Exit Date:
Reasons for Exit:

B) Describe how the placement assures the child's safety. RULE 28(c)(3); 42 U.S.C. § 675(1)(B)

Child:
Caretaker:
Unique Qualification which meets Child's Special Needs:

Protection from Maltreating Parents:
How Placement Assures the Child's, Youth's and/or Community Safety:

Indicate if this is the most appropriate placement. If not, why?

--

C) Placement History

Specific Placement: (i.e., Respite Care, Foster Family 1, Residential Placement, Relative Care)

Beginning Date of Placement:

Date of Transfer:

Reason for Transfer:

Has the child been subject to three or more placements in one year? (W. Va. Code § 49-6-8(d)).

Note: All placements except respite stays, hospitalizations and home visits of less than fourteen days are considered placements.

D) Placement Proximity: RULE 28(c)(3); 42 U.S.C. § 675(1)(C)(iv)

Child:
Placement within 50 mile radius of Child's Community (Yes/No):
If Not, then Explanation:
Proximity:

Is the child in an out of state placement? **42 U.S.C. § 675(5)(A)(i)**

If Yes, describe how the placement meets or continues to meet the best interest of the child in a manner that can not be met in-state. **42 U.S.C. § 675(5)(A)(i)**

E) Relative Placements Considered

Identify friends or relatives who were contacted regarding the possibility of placement, reasons that child was not placed with them or explain why no friends or relatives were contacted. **RULE 28(c)(2)**

SECTION VII Recommended Visitation Plan RULE 28(c)(4)

Visitor(s)	Visitation	Supervision	Frequency	Conditions
------------	------------	-------------	-----------	------------

Dates of Actual Visitation:

Identified Strengths:

Identified Problems and Solutions:

Other Contact Between Family Members and Child:

SECTION VIII Siblings RULE 28(c)(6)

Are siblings separated?

If so, list siblings, their location(s) and date of court order sanctioning separation.

If siblings are not placed together, then explain why.

Describe plans to maintain contact and to reunify them if this is warranted.

Dates of actual visitation between siblings:

Other contact between siblings:

SECTION IX Respondent(s) Mental Health/Medical History

Respondent:

DSM IV Diagnosis:

Mental Health/Medical Condition that Affects Ability to Parent:

Medication:

Treating Mental Health Professional:

Treating Physician:

Recommended Evaluations:

SECTION X Child's Special Needs and Services Provided during Placement

Child:

Special Needs:

Physical:

Emotional:

Developmental:

Services Provided:

Recommended Evaluations:

SECTION XI Child Mental Health/Medical History 42 U.S.C. § 675(1)(C)

A) Medication and Reason

Child:

DSM IV Diagnosis:

Other Diagnosis:

Medication and Reason:

Status of Immunizations:

Allergies:

EPSDT:

Treating Physician:

Treating Mental Health Professional:

Client:

Provider	Screening Type	Appointment Date	Next Appointment Date
-----------------	-----------------------	-------------------------	------------------------------

B) Most Recent Physical, Dental & Visual Exam (Date) 42 U.S.C. § 675(1)(c)(i)(viii)

Child Name:

Provider Name Appointment Type Appointment Date Next Appointment Date

SECTION XII Educational Status 42 U.S.C. § 675(1)(C)(i)(ii)(iii)

Child Name:

School Name:

Current Grade Status:

IEP (Yes/No):

Needs:

Have prior school records been transferred?

Any Recommended Evaluations:

SECTION XIII Independent Living Plan

Child's Age:

Does the child have an IEP?

If so, what transition services are being provided under the IEP?

What transition services are being provided to prepare him or her for independent living?

SECTION XIV Child Support RULE 28(c)(7)

Describe the parent(s) ability to contribute to the cost of placement.

Has payment of child support by the parent(s) has been ordered by the court? If not, explain.

Either, enter updated child support info from FACTS or request CAO-25 from OSCAR and attach.
Add additional comments, if any.

Parent:

Source of Income:

Order Dt.:

Amount Ordered:

Frequency:

Last Payment Amount:

Last Payment Dt.:

Child(ren) Name:

SECTION XV Treatment Plan RULE 28(a)(1) - (3)

Outcomes

Client:

Identified Change:

Identified Problem or Deficiency:

Estimated Date for Completion of Identified Change:

Goals

Note: The goals should be case-specific, should be listed in the order of their priority, and should be designed to achieve the outcome and identified change noted above.

Goal Title:

Beginning Date:

Estimated Completion Date:

Actual Completion Date:

Frequency:

Service/Service Provider:

Referral Date:

Dates of Actual Participation:

Case Management Tasks:

Case Management Task Type	Frequency/Completion Date	Task Description
----------------------------------	----------------------------------	-------------------------

SECTION XVI Permanency Plan 42 U.S.C. §§ 675(5)(C) and (E), and Rules 28(a) and 37

Note: Since concurrent planning is required, this section should be completed when the case plan is submitted to the court.

Recommended Plan for Permanent Placement:

Identify Steps Necessary to Achieve Permanent Placement:

Estimated Date of Achievement:

Barriers to Achievement of the Permanent Plan:

Concurrent Permanency Plan

Recommended Plan for Permanent Placement:

Identify Steps Necessary to Achieve Permanent Placement:

SECTION XVII MDT for Case Plan Preparation

MDT Date:

MDT Participants:

MDT Recommendations:

Objections to Case Plan:

RESPONDENT

RESPONDENT'S ATTORNEY

RESPONDENT

RESPONDENT'S ATTORNEY

GUARDIAN AD LITEM

CPS WORKER

CASA

OTHER