

CHILDREN'S FOSTER CARE

PERMANENT WARD COURT REPORT Michigan Department of Human Services

Begin Date:	End Date:	Court Date:
Foster Care Agency:		Foster Care Caseworker:
Court of Jurisdiction:		Jurist:
County of Commitment:		Court Docket #:
DHS Monitor:		Load #:
Adoption Agency:		Adoption Worker:

IDENTIFYING INFORMATION

Child(ren):

<u>Name</u>	<u>Date of Birth</u>	<u>Case #</u>	<u>Date Entered Care</u>
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<u>Date of Current Placement</u>	<u>Current Placement Type</u>	<u>Current Legal Status</u>
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<u>Date of Parental Rights Termination</u>	<u>Permanency Goal</u>	<u>Anticipated Date for Achievement</u>
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<u>Native American Inquiry Made</u>	<u>Native American Affiliation Confirmed (Tribe)</u>
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Date Caregiver Provided Notice of Hearing

I. PERMANENCY PLANNING

A. Agency Efforts To Achieve the Permanency Goal:

ADOPTION

Activity	Date	Activity	Date
Referral for Adoption Services		Subsidy Application Submitted	
Adoptive Home Identified		Subsidy Contract Received	
Child Assessment Completed		Consent Requested	
Family Assessment Completed		Consent Received	
Preliminary Family Assessment completed, if applicable		Adoption Petition Filed with Court	
MARE Registration		Finalization Hearing Set	

Dates and Types of Recruitment Activities:

Agency Efforts to Identify & Locate Relatives:

Barriers to Adoption Finalization:

Agency Efforts To Overcome Barriers To Adoption Finalization:

GUARDIANSHIP

Activity	Date	Activity	Date
DHS 2052 or DHS 2053 Completed		DHS 3310* Submitted	
Court/MCI Approval of Permanency Goal		DHS 2050 Completed	
Home Study/Background Check Completed		Guardianship Assistance Approved	
Guardianship Petition Filed With Court		Guardianship Hearing Date	

*Subsidized guardianship

Barriers to Guardianship Finalization:

Agency Efforts To Overcome Barriers To Guardianship Finalization:

PERMANENT PLACEMENT WITH FIT AND WILLING RELATIVE

Activity	Date	Activity	Date
Home Study/Background Check Completed		Permanency Goal Approval DHS 344 Completed	
Written Supervisory Approval		Permanency Goal Approval Received from BCW Director	
Court Approval of Permanency Goal		Permanency Goal Review, DHS 643 Completed, if required	
Signed Relative Agreement, DHS-845/846			

Barriers To Placement With A Fit And Willing Relative Approval:

Agency Efforts To Overcome Barriers To Finalizing The Permanency Goal:

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

Activity	Date	Activity	Date
PPC Held		DHS 343, DHS 843/844 Submitted to Local DHS Director	
DHS 643 Completed		DHS 343, DHS 843/844 Signed by Local DHS Director	
Court Hearing Order Received		Permanency Goal Approval Received from BCW Director	

Independent Living Goals and Services:

Barriers to APPLA Achievement:

Agency Efforts To Overcome Barriers To APPLA Achievement:

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT – EMANCIPATION (APPLA-E)

Activity	Date	Activity	Date
PPC Held		DHS 341, DHS 642 Submitted to Local DHS Director	
Significant Connection to Responsible Adult Identified		DHS 341, DHS 642 Signed by Local DHS Director	
DHS 643 Completed		Permanency Goal Approval Received from BCW Director	

Independent Living Goals and Services:

Barriers to APPLA-E Achievement:

Agency Efforts To Overcome Barriers To APPLA-E Achievement:

If youth is an MCI ward, has there been a redetermination of the appropriateness of placement with birth parents?

If the case is to be closed prior to the next court hearing, address the following:

1. Reasons for case closure.
2. Specify the youth's living arrangement and has the child's needs are met.
3. Describe the youth's means of employment or financial support.
4. Specify if the youth is or will be enrolled in a higher education or vocational program.
5. Specify referrals made to community resources and supports.
6. Indicate if the youth has adequate health insurance including transitional Medicaid.

II. PLACEMENT INFORMATION

A. Relative Search and Engagement Efforts

- Agency ongoing relative search and engagement efforts.
- Agency follow up activities with identified relatives.
- Describe how identified relatives are involved in the case planning process.

B. Best Interest of Child's Placement

C. ICWA Placement Preferences

D. Sibling Placement and Visitation Plan

E. Placement Information

Child Name	Living Arrangement	Begin Date	End Date
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If the child(ren) changed placement since last court hearing, summarize reason for placement change:

F. Foster Parent/Relative Caregiver Input:

III. CHILD WELL BEING

IV. RECOMMENDATIONS TO THE COURT/REQUEST FOR ORDER BY THE COURT

Attach a copy of the Updated Permanent Ward Services Agreement signed by all required parties.

Prepared and Approved by:

Court reports prepared by a private agency are submitted on behalf of the Department of Human Services.

Signature:

Caseworker Name: _____ **Date** _____
Printed Name and Title

Phone # _____ **Email** _____ **Fax #** _____

Caseworker Signature _____

Supervisor Name: _____ **Date** _____
Printed Name and Title

Phone # _____ **Email** _____ **Fax #** _____

CHILDREN'S FOSTER CARE

INITIAL COURT REPORT Michigan Department of Human Services

Begin Date:

End Date:

Court Date:

Foster Care Agency:

Foster Care Caseworker:

Court of Jurisdiction:

Jurist:

County of Referral:

Court Docket #:

DHS Monitor:

Load #:

IDENTIFYING INFORMATION

Child(ren):

<u>Name</u>	<u>Date of Birth</u>	<u>Case #</u>	<u>Date Entered Care</u>
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<u>Date of Current Placement</u>	<u>Current Placement Type</u>	<u>Anticipated Next Placement</u>
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<u>Permanency Goal</u>	<u>Anticipated Date for Achievement</u>	<u>Concurrent Permanency Goal</u>
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<u>Native American Inquiry Made</u>	<u>Native American Affiliation Confirmed (Tribe)</u>
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Date Caregiver Provided Notice of Hearing

Parents:

<u>Name</u>	<u>Child</u>	<u>Legal Relationship</u>	<u>Removal Household</u>
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<u>DOB</u>	<u>Present Address</u>	<u>Phone #</u>
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Agency Efforts To Locate Absent Parent(s):

Agency Efforts To Involve The Incarcerated Parent In Case Planning:

I. LEGAL INFORMATION

A. Reason for Removal:

B. Reasonable Efforts to Prevent Removal or Rectify Conditions That Caused Removal:

- Services Offered

B. Parent-Child Visitation Plan

Describe the individualized plan to maintain or improve parent/child bond.

- Specify frequency, location, and duration of visitation. Include whether visitation is supervised or unsupervised.
- Describe behaviorally specific objectives expected of the parent(s) during visitation.
- Describe how the agency is assisting the parent(s) in meeting identified objectives.
- Describe how the plan includes opportunities for parental participation in child's life activities e.g., school meetings, medical and mental health appointments, etc., if this is not part of the plan, provide explanation?
- Describe parental compliance with visitation plan and quality of parent/child interactions during visitation.
- Identify circumstances necessary to expand the frequency and duration of visitation.

C. Concurrent Planning

- Describe all efforts to identify and implement concurrent permanency planning efforts consistent with the identified concurrent permanency planning goal.

D. Relative Search and Engagement Efforts

- Agency initial relative search and engagement efforts.
- Agency follow up activities with identified relatives.
- Describe how identified relatives are involved in the case planning process.

E. Agency Objectives/Action Steps Towards Achieving a Permanency Plan Other Than Reunification:

IV. CHILD WELL BEING

V. RECOMMENDATIONS TO THE COURT/REQUEST FOR ORDER BY THE COURT:

Attach a copy of the Initial Services Plan and Parent/Agency Service Plan/Treatment Agreement signed by all required parties and attach reports from service providers.

Prepared and Approved by:

Court reports prepared by a private agency are submitted on behalf of the Department of Human Services.

Signature:

Caseworker Name: _____ **Date** _____
Printed Name and Title

Phone # _____ **Email** _____ **Fax #** _____

Signature:

Supervisor Name: _____ **Date** _____
Printed Name and Title

Phone # _____ **Email** _____ **Fax #** _____

CHILDREN'S FOSTER CARE
UPDATED COURT REPORT
Michigan Department of Human Services

Report Date:

Begin Date:

End Date:

Court Date:

Foster Care Agency:

Foster Care Caseworker:

Court of Jurisdiction:

Jurist:

County of Referral:

Court Docket #:

DHS Monitor:

Load #:

IDENTIFYING INFORMATION

Child(ren):

<u>Name</u>	<u>Date of Birth</u>	<u>Case #</u>	<u>Date Entered Care</u>
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<u>Date of Current Placement</u>	<u>Current Placement Type</u>	<u>Anticipated Next Placement</u>
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<u>Permanency Goal</u>	<u>Anticipated Date for Achievement</u>	<u>Concurrent Permanency Goal</u>
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Date Caregiver Provided Notice of Hearing

Parent(s):

<u>Name</u>	<u>Child</u>	<u>Legal Relationship</u>	<u>Removal Household</u>
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<u>DOB</u>	<u>Present Address</u>	<u>Phone #</u>
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Agency Efforts To Locate Absent Parent(s):

Agency Efforts To Involve The Incarcerated Parent In Case Planning:

I. LEGAL INFORMATION

A. Reason for Removal:

B. Likely Harm To Child If Child Continues To Be Separated From Parent, Guardian or Legal Custodian:

C. Likely Harm To Child If Returned To The Parent, Guardian Or Legal Custodian At This Time:

D. Reasonable Efforts The Agency Has Made To Achieve The Permanency Goal:

II. PLACEMENT INFORMATION

A. Agency Efforts to Locate Relatives for Placement:

B. Best Interest of Child(ren)'s Placement:

C. ICWA Placement Preferences:

D. Sibling Placement and Visitation Plan:

E. Placement Information:

Child Name	Living Arrangement	Begin Date	End Date
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If the child(ren) changed placement since last court hearing, summarize reason for placement change:

E. Foster Parent/Relative Caregiver Input:

III. PERMANENCY PLANNING

A. Permanency Planning-Goal of Reunification

- Describe agency efforts to engage the parent(s), child(ren), and caregiver(s) in case planning and development of the treatment plan.
- How has the parent(s) improved the conditions that brought the child(ren) into care? List the specific needs the parent(s) and case manager identified as barriers to have the child(ren) returned home. Specify the negotiated action steps as agreed upon in the Parent Agency Treatment Plan-Service Agreement, and progress on each goal to date.
- List specific service(s) and service provider(s) the parent(s) has been referred to, indicate level of participation, or if services have been completed. Describe how the parent(s) has benefitted from services.
- List barriers or unmet needs to reunification and specify activities to remove barriers and address unmet needs.

B. Parent-Child Visitation Plan

Describe the individualized plan to maintain or improve parent/child bond:

- Specify frequency, location and duration of visitation. Include whether visitation is supervised or unsupervised.
- Describe behaviorally specific objections expected of the parent(s) during visitation.

- Describe how the agency is assisting the parent(s) in meeting identified objectives.
- Describe how the plan includes opportunities for parental participation in child's life activities e.g., school meetings, medical and mental health appointments, etc. If this is not part of the plan, provide explanation?
- Describe parental compliance with the visitation plan and quality of parent/child interactions during visitation.
- Describe circumstances necessary to expand the frequency and duration of visitation.

C. Concurrent Planning

- Describe all efforts to identify and implement concurrent permanency planning efforts consistent with the identified concurrent permanency planning goal.

D. Relative Search and Engagement Efforts

- Agency ongoing relative search and engagement efforts.
- Agency follow up activities with identified relatives.
- Describe how identified relatives are involved in the case planning process.

E. Compelling Reasons For Not Filing Termination of Parental Rights (TPR) For Children Who Have Been In Care For 15 Of The Last 22 Months:

F. Agency Objectives/Action Steps Towards Achieving A Permanency Goal Other Than Reunification:

IV. CHILD WELL BEING

V. RECOMMENDATIONS TO THE COURT/REQUEST FOR ORDER BY THE COURT

Attach a copy of the Updated Parent/Agency Service Plan/Treatment Agreement signed by all required parties and attach reports from service providers.

Prepared and Approved by:

Court reports prepared by a private agency are submitted on behalf of the Department of Human Services.

Signature:

Caseworker Name: _____
Printed Name and Title

Date _____

Phone # _____

Email _____

Fax # _____

Signature:

Supervisor Name: _____
Printed Name and Title

Date _____

Phone # _____

Email _____

Fax # _____