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| CASA Action Plan for Permanence |

Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Docket #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASA on Case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| What have you learned about the child so far (interests, hobbies, likes/dislikes, goals): |

# Current Placement

Is the current placement: *(circle yes or no)*

* The least restrictive setting available? *YES/NO*
* In close proximity to the home identified as permanent? *YES/NO*
* The most appropriate setting available? *YES/NO*
* Consistent with the best interest and special needs of the child? *YES/NO*

Placement has been: *(check one)*

* Stable
* Unstable *(if you checked unstable, please explain below)*

If your CASA child has siblings in care, are they placed together? *(check one)*

* Yes
* No
* N/A

The CASA has: *(check all that apply)*

* Observed the child in the current placement
	+ If no, will observe by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.
* Evaluated the identified permanent home
	+ If no, will evaluate by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.

The major issues with placement are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| CASA action needed regarding placement: | Goal Date |
| 1. |  |
| 2. |  |
| 3. |  |

# Visitation

In view of the permanent plan: *(check all that apply)*

* Visitation is not applicable

Visitation frequency is:

* Appropriate
* Should increase
* Should decrease

Visitation length is:

* Appropriate
* Should increase
* Should decrease

Visitation location is:

* Appropriate
* Not appropriate (if inappropriate, please explain below)

Visitation supervision is:

* Appropriate
* Not appropriate (if inappropriate, please explain below)

Has the parent(s) complied with visitation?

* Yes
* No
* Other (if other, please explain below)

Have parties involved been sensitive to and fostered continued relationships between siblings who are either not in care or are in separate placements?

* Yes
* No

The CASA has: *(check which applies)*

* Observed the parent(s) interacting with the child (and his/her siblings)
	+ If no, will observe by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.

The major issues with visitation are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CASA action needed regarding visitation: | Goal Date |
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| 2. |  |
| 3. |  |

# Service to the Child\*

*\* All children under 3 should be considered for referral to Early Childhood Intervention*

Is the child receiving the appropriate service to address the following categories: *(check all boxes that apply)*

## Education?

* Yes
* No

Is the child in special education?

* Yes
* No

If yes, has CASA obtained latest IEP (Individualized Education Plan)?

* Yes
* No
* Date of IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, is there a need for an evaluation for educational services, such as tutoring?

* Yes
* No

Does child need/qualify for extended school year services?

* Yes
* No

The CASA has:

* Met with the teachers and/or childcare providers
	+ If no, will meet by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.

The major educational issues are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CASA action needed regarding educational needs: | Goal Date |
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| 2. |  |
| 3. |  |

## Mental Health\*\*?

* Yes
* No
* Not applicable

Please list all medications and dosages prescribed for the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The major mental health issues are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| CASA action needed regarding mental health needs: | Goal Date |
| 1. |  |
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## Medical/Dental\*\*?

The major medical and dental l health issues are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| CASA action needed regarding mental health needs: | Goal Date |
| 1. |  |
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*\*\* If the child has special needs that may make him/her eligible for Medicaid waiver services, the CASA should advocate that the child be placed on the list and the permanent caretaker be educated on the availability and types of services the child could receive under the program.*

# Permanency Planning

*Check all that apply.*

Has the CASA reviewed DCFS’s case plan?

* Yes
* No
	+ If no, will review by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.

The permanent plan is:

* Reunification
* Relative Placement
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This plan was:

* Approved by the court on \_\_\_\_\_\_\_\_\_\_\_\_ date.
* Has not been approved by the court. Disposition hearing is scheduled for \_\_\_\_\_\_\_\_\_\_\_\_ date.

If the plan is reunification:

Does the parent(s) understand what is expected as outlined in the case plan?

* Yes
* No

Are the goals obtainable and realistic?

* Yes
* No

Is the mother following the case plan?

* Yes
* No
* Partially
* Not applicable

Is the father following the case plan?

* Yes
* No
* Partially
* Not applicable

If the plan is Relative Placement:

Is the placement suitable?

* Yes
* No

Is the relative willing to adopt?

* Yes
* No

Does the CASA agree with the case plan?

* Yes
* No

Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there a concurrent plan for permanence?

* Yes
* No

Does the CASA agree with the concurrent case plan?

* Yes
* No

Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Major obstacles to achieving the permanent plan

*Check all that apply*

* Housing
* Parenting Skills
* Employment/Finances
* Mental Health Issues
* Alcohol/Drug Abuse
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the mother been identified and included in the plan for permanence*? YES/NO*

Has the father been identified and included in the plan for permanence*? YES/NO*

|  |  |
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| CASA action needed to address obstacles to achieving permanence: | Goal Date |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

The court:

* Has not ordered any services
* Ordered services on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date.

The services outlined in the case plan address the obstacles to permanence.

* Yes
* No

Are these services currently being provided?

* Yes
* No

What other services need to be ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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