



North Carolina Department of Health and Human Services | Division of Social Services

County # _____ Case # _____ Date ____ / ____ / _____

NORTH CAROLINA OUT-OF-HOME FAMILY SERVICES AGREEMENT

I. Identifying Information			
Child		DOB:	Age:
Mother		DOB:	Age:
Address		Phone	
Father		DOB:	Age:
Address		Phone	
Other Caregiver		DOB:	Age:
Address		Phone	
Other Caregiver		DOB:	Age:
Address		Phone	

Social worker/case manager	Phone
Guardian ad Litem	Phone
Attorney for Mother	Phone
Attorney for Father	Phone
Attorney for Child	Phone
Other/relationship:	Phone
Other/relationship:	Phone

The following people participated in the development of this plan (please print)



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II. Primary Permanency Plan:
(check one)

- Reunification
- Custody to non-removal parent
- Adoption
- Guardianship/custody with a relative or court approved caretaker
- Another Planned Permanent Living Arrangement
- Reinstatement of Parental Rights

The anticipated completion date for the primary permanency plan is ____ / ____ / _____.

This agreement is effective on ____ / ____ / _____.

The agreement will be renewed on ____ / ____ / _____.

Ask the family to describe any knowledge of having American Indian Heritage:

Indian Child Welfare Act applies to this child (select one): Yes No

Other case plans affecting this services agreement are attached: (i.e. IEP, Mental Health, and Juvenile Services). Indicate effective dates.

III. Secondary Permanency Plan(s):
(check all that apply)

- Reunification
- Custody to non-removal parent
- Adoption
- Guardianship/custody with a relative or court approved caretaker
- Another Planned Permanent Living Arrangement
- Reinstatement of Parental Rights



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IV. Current Placement Information (select one)

- Home of Both Parents Mother's Home Father's Home Home of Relative (specify) _____: Family Foster Home
- Specialized Therapeutic Home Group Home Care Adoptive Home APPLA
- Other (specify) _____.

_____ has lived in this placement since ____ / ____ / _____.

Name: _____ Address: _____ Phone: _____

Why was this placement chosen for _____?

Discussion must include the following items: least restrictive, most family-like, closeness to home community and child's school district, whether or not it is a relative placement and services of placement designed to meet the needs of the child(ren). Attach additional sheets if needed.

The date the agency obtained custody or placement responsibility for the child was on ____ / ____ / _____.

Why did the agency obtain custody?

Why was the child removed from home?

Is the child placed with siblings? Yes No N/A

If not, why not and what are the efforts to place the child with siblings?

Attach court-ordered visitation/contact plan for the child (with parent, caretaker, siblings, placement provider and other family members or friends) including frequency, supervision, etc. and the date of the court order authorizing visitation (N.C.G.S. § 7B-905).



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V. Objectives and Activities to Address Identified Needs

1. Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children)
2. Describe behaviors that are of concern
3. Objective

Activities	Who is Responsible	Target Date



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VI. Progress toward Meeting the Identified Needs

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



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VII. Barriers to Accomplishment of Primary Permanency Plan

1. Barrier to permanency
2. Describe current status of efforts to overcome this barrier
3. Desired outcome

Activities	Who is Responsible	Target Date



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VIII. Progress toward Overcoming Barriers to Primary Permanency Plan (continue on reverse if needed)

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



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IX. Barriers to Accomplishment of Secondary Permanency Plan(s) (continue on reverse if needed)

1. Barrier to permanency
2. Describe current status of efforts to overcome this barrier
3. Desired outcome

Activities	Who is Responsible	Target Date



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County # _____ Case # _____ Date ____ / ____ / _____

X. Progress toward Overcoming Barriers to Secondary Permanency Plan(s) (continue on reverse if needed)

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / _____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



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XI. Review Family Assessment of Strengths and Needs or Reunification Assessment

The primary permanency plan is _____ and is appropriate for this child because _____
_____. If the permanency plan is not accomplished, the secondary
(concurrent) plan(s) is/are _____.

Are there specific orders of the court incorporated into the objectives and activities of this plan? Yes No
If not, explain:

Date of next Court Review ____ / ____ / _____

If the youth is 14 years of age or older, describe or attach the Transitional Living Plan including:

- The estimated date of discharge from out-of-home care
- The youth's anticipated living arrangement after discharge
- What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network
- Supportive adults who are working with the youth as he/she progresses toward discharge



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XII. Services to Child or Youth

Describe agency services to the child or youth that are designed to assure that this child's needs are being met.

A. Face-to-face and other contact between the child or youth and agency

B. Visitation with Parents and Siblings

C. Opportunities for the child or youth to participate in case planning

D. Opportunities for the child or youth to engage in age and/or developmentally-appropriate activities and how these opportunities connect to the child or youth's development

E. Education and Health Services

F. Referrals to Community Resources

G. Certification that explanation of child or youth's rights while in out-of-home care have been provided to the child or youth

Check box to certify that the child or youth has: been provided a copy of the DSS-1516 *Understanding Foster Care – A Handbook for Youth*; the child or youth has read or had read to them the Foster Care Rights Acknowledgement on page 9 of the handbook; the child or youth has signed the Foster Care Rights Acknowledgement; and, a signed copy of the acknowledgement is included in the case file.

H. Other



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XIII. Services to Placement Provider

Describe agency services to placement provider that are designed to assure that this child's needs are being met. In addition, describe the opportunities the placement provider is offering to the child or youth for engagement in age and/or developmentally-appropriate activities.

A. Meetings between provider and agency

B. Meetings and other communication between provider and parent/guardian

C. Training specific to the needs of the child

D. Opportunities for the child to engage in age and/or developmentally-appropriate activities and how these opportunities connect to the child or youth's development

E. Respite Care

F. Referrals to Community Resources

G. Other



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XIV. Signatures (persons who wrote this agreement and who will work toward meeting the identified objectives)

Signature and Comments	Date of Signature	I received a copy of this Plan
Parent _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Worker _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian ad Litem _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Representative _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Relationship _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No