

Family Services Agreement Review

PURPOSE: To facilitate transfer of information from one Family Service Agreement review to the next so that the appropriateness of the permanency plan and his or her placement, the parents' progress, and the effectiveness of agency and community services are reviewed regularly.

I. FAMILY INFORMATION:

Family Name: _____ Social Worker Name: _____ Date of Review: _____ (Update _____)

CHILDREN:

Names of Children in Family	DOB	*Primary Permanency Plan	*Alternative Permanency Plan	Projected Completion Date	Date of First Placement	# of Placements	Date of Current Placement	Name and address of Current Placement Provider
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

***Primary and Alternative Permanency Plan Types:** 01-Prevention of out-of-home placement; 02-Family reunification; 03-Adoption; 04-Guardianship with relative; 05-Guardianship with other court approved caretaker (specify); 06-Custody with non-removal parent or relative (specify); 07-Custody with other approved caretaker (specify); 08-APPLA-Another Planned Permanent Living Arrangement (specify)

REVIEW NOTIFICATION: (If parent(s), placement provider(s) or children ages 12 to 18 were not notified of the Review explain why:)

II. PARTICIPANTS IN REVIEW AND RELATIONSHIP TO FAMILY:

Name of Participant in Review	Date of Review _____ initial if present	Date of Review _____ initial if present	Relationship to Family

Instructions for Use: At a minimum, reviews must be held within 60 days of custody and placement, 90 days from that date and every 6 months thereafter. Use separate pages 2 and 3 of the review forms for each child in the family. All Sections must be completed. The review should be attached to the current Out of Home Family Services Agreement. File all review documents together in the family case record after team recommendations are recorded.

Child's Name _____

III. SUMMARY OF RECOMMENDATIONS FROM LAST REVIEW: (For Update only)	IV. ISSUES TO BE DISCUSSED BY TEAM: (Must include what the barriers/safety issues are that prevent the plan from being achieved today and what will be needed to achieve timely permanence.) Specify for each child.

Permanency Requirements [Adoptions and Safe Families Act and NCGS 7B-907(d)]

V. PLACEMENT AND PERMANENCY PLAN REVIEW:

a. Are the conditions that necessitated placement for this child still present? Explain:

b. Is the current placement appropriate to meet this child's needs? If not, explain why and specify efforts that are being made to secure an appropriate placement:

Element	Yes	No	Explanation
Least restrictive, most family-like setting which serves the child's individual needs.			
Within the child's home community.			
Within the child's former school district.			
Placement is with a relative.			

Child's Name _____

c. Are the current permanency and alternate permanency plans appropriate for this child? If not, explain why and what plan would be appropriate:

d. **Timely Permanence [N.C.G.S. 7B-907-(d)]:**

This child has been in foster care _____ of the past 22 months. If 12 or more months, has TPR been filed?

Yes No Not Applicable (if child has been in care less than 12 of the previous 22 months)

If TPR has not been filed on a child who has been in foster care 12 or more of the past 22 months, indicate why.

____ The child is being cared for by a relative

____ The agency has documented in the case plan compelling reason for determining that TPR is not in the best interest of the child. (State why)

____ The agency has not provided to the child the services deemed necessary for a safe return of the child to the child's home if reasonable efforts continue to be required by the court.

VI. **SERVICES REVIEW: (Describe or attach documentation for the following questions)**

a. What agency efforts have been made to achieve this child's permanency plan?

b. What services are being provided to the family by other community agencies in support of permanency plan? What other services are needed?

VII. FAMILY PROGRESS

VII. WORKER COMMENTS

VIII. TEAM RECOMMENDATIONS AND COMMENTS:

Date of next review: _____

DSS 5094 Update Competed Yes (date) _____ **Not Applicable** _____ **Social Worker's Signature** _____.