Superior Court for Juvenile Matters at: (address)

Date: (day, month, year)

**STUDY IN SUPPORT OF PERMANENCY PLAN**

**SECTION A. Demographics**

1. Child/ren for Whom Motion is Filed [List each one separately]

* Name:
* Address:
* Date of Birth:
* Legal Status:
* Indian Tribe:
* Parentage: Adjudicated / Not Adjudicated

[**Note**: Dates of Birth need to be verified through birth certificates. Please put "verified" next to any date of birth for whom you have a birth certificate.]

2. Parent 1:

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

Parent 2:

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

3. Legal Guardian [delete if not applicable]

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

4. Court Intervenor [delete if not applicable]

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

5. Minor Sibling(s) for Whom Motion is not Filed [name each separately]:

* Name:
* Address / Current placement:
* Date of Birth:
* Current legal status:

[NEW PAGE]

**SECTION B. Reasons for Removal/Petition** [Provide a clear summary of the problems or issues that led the Department to file a petition]

**SECTION C. Subsequent DCF Reports, Investigations, Family Assessment Reports and New Criminal Charges** [List any new DCF reports, including non-accepted reports alleging abuse or neglect pertaining the child(ren) or a parent of the child. Include whether the report resulted in an investigation or a FAR assessment and include the findings of the investigation/FAR. Include any new criminal charges against any parent.]

**NOTE:** **Consult with your local area office attorney or AAG to determine what information should be included if there has been an SIU investigation.**

**SECTION D. Dates of Administrative Case Reviews and Permanency Team Meetings** [List all ACRs and PTMs to date]

**SECTION E. Reasonable Efforts to Reunify**

1. [If a permanency plan other than reunification has been approved] Reasonable efforts to reunify (name of child/ren) with (name of parents) are not required pursuant to Conn. Gen. Statute 17a-111b because on (date of permanency plan approval), the court approved a permanency plan other than reunification.

OR

1. [If applicable] On (date), the Court (last name of Judge, J/SJ/JTR) found that reasonable efforts to reunify the (name of parent or parents) with the child are not required pursuant to Conn. Gen. Statute 17a-111b.

[NEW PAGE]

**SECTION F. Parent Assessment** Include the following**:**

Summary of original family functioning, the safety factors that were present that lead to removal and legal involvement.

Referrals made since the removal and legal court involvement

Date of final signed steps by the court

Progress to date towards completing specific steps with a description of progress of goals and objectives towards those goals met. Identify any barriers to progress

Current status of the safety factors which lead to the original removal and if they are still present.

Any new/different safety factors emerged since time removal

[NEW PAGE FOR EACH CHILD]

**SECTION G. Child Assessment**

1. Placement

This child was placed in a licensed home on **DATE**. A waiver was/was not received for this placement. If a waiver was received, state the reason for the waiver. (If home is not licensed, please state where they are in the licensing process)

Discuss child’s adjustment to placement, impact of placement on child, education, behavioral issues, relationship with parents and siblings and any other factors which are relevant to an assessment of what the permanency plan should be.

A description of every effort DCF has taken to find a permanent placement for the child, where applicable.

Identify the permanent placement if continued out-of-home care is recommended or a justification of why extended out-of-home care is necessary.

Indicate whether the child has been placed out of state and when he or she has been visited at that placement by a state or private agency or a DCF representative.

1. Service provision

List each recommended services for each child, who recommended the service, when was the service recommended, when the service began, if the child did not participate in the recommended service, state why not.

Describe the type of and analyze the effectiveness of DCF's care, treatment and supervision of the child.

Include the most up to date information concerning the child's medical, dental, educational, developmental and treatment needs including the date the information was obtained and from whom you obtained the information

1. Provide the current visitation schedule for the child with his or her parents and siblings.
2. Give a proposed timetable for reunification of the child and parent, if applicable.
3. The child/youth’s perspective/wishes as it pertains to the permanency plan
4. Eligibility for and Receipt of Social Security and Other Benefits

On [date] the Department screened the child(ren) to determine eligibility for Social Security benefits and other federal and state benefits.

[EITHER THIS:]

[On [date] the Department applied for the following benefits on behalf of the child(ren): [list all benefits applied for, including but not limited to Supplemental Security Income, survivor and disabled child or adult benefits.]

[State current status of application or approved benefits.]

**[OR THIS]**

The child(ren) were determined to be ineligible for the following benefits:

[State which benefits were denied, the agency that made the determination, the reason given for denial or ineligibility and the steps taken to appeal the determination.]

**[NOTE:** Children who were not receiving SSI benefits at the time of DCF placement and have subsequently been found eligible for Title IV-E benefits, are not eligible for SSI. Check with the DCF Revenue Enhancement Division for Title IV-E status prior to completing this section. If the child is Title IV-E eligible, this section should read: "The child has been determined to be Title IV-E eligible and is therefore automatically disqualified from applying for Social Security Supplemental Security Income.]

1. Early Intervention Services

[For children three years old and under, list all referrals to early intervention services such as Birth to Three and Head Start, preschool and special education services. State which services the child participated in and whether he or she completed them. If no referrals were made, state the reasons why.]

1. Independent Living, Secondary Education and Vocational Training

[For all children 16 years and older, state the steps DCF has taken to enable the child(ren) to learn independent living skills and complete a secondary educational or vocational program]

1. Transition Plan

[All children16 years of age or older must have a personalized transition plan that must include the following: Discuss each element separately.]

* specific options for housing;
* specific options for health insurance;
* specific options for education;
* local opportunities for mentors and continuing support;
* workforce support;
* employment services;
* a review of the benefits the child is currently receiving such as Social Security;
* steps DCF will take to screen for eligible state and federal benefits;
* if the child is receiving Social Security benefits:
	+ will the child require a representative payee?
	+ if yes, identify the payee;
* if no, identify the plan for educating the child about maintaining eligibility for benefits and maintaining a bank account for purposes of electronic deposits of payments.
1. Qualified Residential Treatment Program: (If applicable)
* Provide the assessments undertaken including the strengths and needs of the child/youth which support that the child/youth’s needs still cannot be met through placement in a home setting
* Explain why QRTP continues to provide the most effective and appropriate level of care in the least restrictive environment
* Explain why QRTP remains consistent with short- and long-term goals per permanency plan
* Provide specific treatment or service needs that will be met for the child/youth in QRTP
* Include the length of time the child/youth is expected to need the treatment or services
* Indicate the efforts made to prepare the child/youth to return home or to be placed with a fit and willing relative/kinship resource, a legal guardian, an adoptive parent or foster parent after discharge

[NEW PAGE]

**SECTION H: Permanency Plan**

[Choose one of the following permanency plans:]

* reunification with or without protective supervision;
* termination of parental rights and adoption;
* permanent transfer of guardianship with or without a subsidy;
* transfer of guardianship with subsidy. (Requires that neither reunification with a parent nor adoption is an appropriate permanency option)
* transfer of guardianship and permanent transfer of guardianship without a subsidy.
* another planned permanent living arrangement (APPLA), specifically; [identify the specific plan]. (Note: this plan is only for children and young adults 16 and over and requires a documented compelling reason why none of the preferred plans are appropriate).

[State reasons for choice of permanency plan and link it to your assessment of the parent(s)’ ability to provide appropriate care for the child(ren)This should be a summary do not just repeat information from the family assessment.]

**SECTION I: Reasonable Efforts to Achieve Permanency Plan**

[This section must include a description pf every effort made to achieve the permanency plan that been in effect since the last permanency plan]

**SECTION J: Concurrent Plan**

[State the concurrent plan if prognosis for reunification within the next six months is poor]

**SECTION K: Recommendations**

It is the recommendation of the Department that the court approve the permanency plan of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Department further recommends that the court find that the Department has made reasonable efforts to achieve the current permanency plan.

Upon approving a permanency plan with the goal of reunification of the child(ren) with the parents, the Department further recommends that the court approve the attached Specific Steps to Facilitate the Child(ren)'s Return to the Custody of the Respondent.

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 Social Worker (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 , Social Work Supervisor (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 , Program Manager (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106