

Knowledge Base Article

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Overview

The **Permanency Roundtable (PRT) Skills Case Summary Form** is a new form that has been added to SACWIS to help support **Permanency Roundtables**. Any user with access to the **Forms/Notices** link within the **Case** is able to generate the report.

The form has been divided by its three sections (A, B, and C) and is generated separately from the **Forms/Notices** section of each case. Each section pulls in data elements from the **Child's Case** and **Person Profile** record. In addition, some information will be entered by the user from the **Parameters** page, which is completed prior to generating, saving, and printing the forms.

The last section of this article includes a **Mapping Document** indicating from which area (Person, Case, Intake, etc.) and screen field each **Data Element** is pulled into the report. This mapping document is meant to assist the user in updating the child's information prior to generating the report.

To complete a **PRT Skills Case Summary Form**, complete following steps:

Navigating to the Forms/Notices Link

- 1. From the SACWIS Home screen, click the Case tab.
- 2. Click the **Workload** tab.
- 3. Click the **Case ID** link of the appropriate case.

Note: If you know the **Case ID** number, you can also use the **Search** link at the top of the **Home** screen to navigate to the **Case Overview** screen.

Home	Intake	Case	Provider	Financial	Administration
			W	orkload Court Cale	endar Placement Requests
					<u>help</u>
Case Worklo	ad				
Caseworker:		•	Sort By: Cas	e Name Ascending 💌	Filter
Socialwo	orker, Susie				
±		<u>1234567</u> - 0	pen -	Ongoing	
÷	[] - Open	- ICPC		



The **Case Overview** screen appears.

				<u>help</u>
Case Overview	Case Overview			
Activity Log Attorney Communication	Case ID: Case Name:		Case Status: Case Category:	Open () Ongoing
Intake List	Case Address:		Agency: Geo Code:	ABC County Department of Job and Family Services
Safety Assessment Forms/Notices	Case Actions-			
AR Pathway Switch	View Case Inform	nation		
<u>Safety Plan</u> Family Assessment	ProtectOhio Cate	eqory		
Ongoing Case A/I				

4. From the Navigation menu, click the Forms/Notices link.

Home Intake Case Provider Financial Administration Workload l help Case Overview Case Status: Case ID: Open (Case Name: Case Category: Ongoing Activity Log Attorney Maintain Forms/Notices Communication Forms/Notices: -Intake List Safety Assessment Application for Federal Student Aid Select Close Letter to Parent/Guardian Forms/Notices District Notice Report Help Me Grow Referral Form AR Pathway Switch Safety Plan Help Me Grow Referral Letter Family Assessment JFS 01443 - Child's Education Information JFS 01443 - Childs Health Information Ongoing Case A/I JFS 01610 - Child's Permanency Planning Data Summary JFS 01645 - Agreement for Temporary Custody of Child JFS 01645 - Part II Agreement for Temporary Custody of Child (Extension) Specialized A/I Tool Law Enforcement JFS 01645 - Part III Termination of Agreement for Temporary Custody of Child JFS 01647 - Face Sheet Justification/Waiver Case Services JFS 01666 - Permanent Surrender Form JFS 01695 - Application for Search of Ohio Putative Father Registry Legal Actions Notice to the Court Legal Custody/Status Permanency Roundtable Skills Case Summary Form A Living Arrangement Permanency Roundtable Skills Case Summary Form B Initial Removal Permanency Roundtable Skills Case Summary Form C Placement Request Placement Semi-Annual Review Meeting Notice Wardship Letter Visitation Plans Independent Living

The Maintain Forms/Notices screen appears.

5. Select which **PRT Form** to complete.

Important: In order to fully complete the entire **PRT Skills Case Summary Form**, the user will need to complete the parameters screen, generate, print, and save each section (A, B, and C) of the report.



Completing the PRT Skills Case Summary Form A

1. Select **Permanency Roundtable Skills Case Summary Form A** from the **Forms/Notices** drop-down list.



2. Click the **Select** button.

The **Document Details** screen appears.

0H10sacwis	UAT [2] Logged In:	<mark>▼ <u>home</u> ▼ <u>search</u> Socialworker,Susie [ABC County Department</mark>	help & training log off
Case » Workload » Reports			<u>help</u>
Document Details			
Document Category: Work-Item ID:	Document Title: Work-Item Reference:	Permanency Roundtable Skills Case Summar	y Form A
Task ID: 10	Task Reference:		
Document History			
ID	Date Created	Employee ID	Name
Document History			
Generate Report			
Cancol			

3. Click the **Generate Report** button.



The PRT Skills Case Summary Form Section A parameters screen appears.

Important: The information entered on the parameters screen **Cannot** be saved for the user to complete at a later time.

- 4. Select the **Child**, for which you wish to generate the report, from the drop-down list. (Required)
- 5. Use the text box to answer the question, 'Why did the child enter foster care?'.

Permanency Roundtable Skills Case Summary Form Section A	
Child: *	
Why did the child enter foster care?	_
A	
Spell Check Clear	

6. Check the appropriate boxes to complete the **Current Risk Factors** and **Child's Characteristics** sections.

Curre	ent Risk Factors (check all that apply)
	riminal History
🔳 s	ubstance Abuse
	omestic Violence
	lental Health Issues
E 1	ncome Issues/Housing
🗖 5	erial Relationships
	thnic/Cultural Issues
	ledical Issues
Child	's Characteristics (check all that apply)
🗖 🗖	SM-IV Diagnoses and/or Codes
	ther Emotional Disability
	ther Behavioral Issues
	evelopmental Disabilities
	ledical Issues
	hysical Disabilities



- 7. Select the appropriate radio button to answer the question, 'Has the youth ever had a pre-adoptive placement?' (Required)
 - If **Yes** is selected, then the **# of times** is required and the text box is optional.
 - If **No** is selected, then the text box is required.

Has youth ever had a pre-adoptive placement? *	
O No> Why not?	
	*
	~
Spell Check Clear	

8. Enter the **Date**(s) for the most recent plan/assessment using the calendar field.

Date of most recent Comprehensive Behavior or Comprehensive Assessment (CFA) : Date of most recent psychological evaluation :	ral Health Plan (CBHB)
Generate Report Cancel	

9. Click the **Generate Report** button.

The message **Your report is being created** appears while the report is generating.





The **Permanency Roundtable Skills Case Summary Form** (Section A) appears.

Important: The user **Cannot** modify the completed form after it has been **Printed** or **Saved**. Prior to **Printing** or **Saving** the generated form, review it for errors and click the **Review Parameters** button, if needed, to make modifications.

Ohio sacwis	UAT [1] Logged In: S	<mark>▼ home</mark> ocialworker,Susie [│	rch <u>help & t</u> Department of Job	training and Family Serv	oq off ices]
SECTION A: FACE SH	Permanency	Roundtable Skills Cas	e Summary Foi	rm v.		
Child's Demographics						=
Case ID#:	Child's Fir	st Name:		Child's Last Name:		
Date of Birth: Date of first referral to PCSA:	Gender: Race: (ch	eck All that apply)		Origin/Ethnicity (any race):		
Child Abuse and Negleot Hi	story: (if lengthy, please at	ach a chronological history of re	ports, removals, and ty	rpes of abuse/negleot):		
No Data Available Child's Placement and Charac	teristics					
Why did the ohlid e iter foct	er care?	↓ 1 / 2	-+			·
Save Cancel Review Para	ameters					

10. To **Save** the generated form to the application, click the **Save** button.

Note: To **Print** the PDF or to **Save** the PDF to your computer, hover the mouse over the screen until the **Task Bar** (outlined in green above) appears. Click the **Disk** button to **Save** the report or the **Printer** button to **Print** the report.



Completing the PRT Skills Case Summary Form B

1. Select **Permanency Roundtable Skills Case Summary Form B** from the **Forms/Notices** drop-down list.



2. Click the **Select** button.

The **Document Details** screen appears.

DHIDEACIAN	TC	UAT [2]	<u>→ home</u> → search <u>help & training</u> <u>log</u>
UTITU SACVV.	13		Logged In: Socialworker,Susie ABC County Department of Job and Family Service <u>help</u>
- Document Details-	eports		
Document Category:		Document Title:	Permanency Roundtable Skills Case Summary Form B
Work-Item ID: Task ID:	10	Work-Item Reference: Task Reference:	
Document History	/		
Document History	/	Date Created	Employee ID Name
Generate Report	>		
Connel			

3. Click the **Generate Report** button.



The PRT Skills Case Summary Form Section B parameters screen appears.

Reminder: The information entered on the parameters screen **Cannot** be saved for the user to complete at a later time.

1		UAT [1] * h	ome		arch	<u>h</u>	elp & training		log	off
ι	/////SACWIS	Logged In: Socialworker,Su	sie [ABC	County	Departn	nent (of Job and Fami	ily Se	rvice	s]
									help	
	Permanency Roundtable Skill	Gase Summary Form B								
	Child: *							[•	
	Child's strengths, available sup	ports; positives in child's life:								
									*	
									-	
	Spell Check Clear									
	Child's religious and cultural ba	ckground and/or connections:								
									*	
									-	
	Spell Check Clear									

- 4. Select the **Child**, for which you wish to generate the report, from the drop-down list. (Required)
- 5. Enter **Narrative** in the text boxes (outlined in green above) to answer the questions as appropriate.
- 6. Select the appropriate **Radio Button** on applicable questions, as shown below.



7. If the **Child is not attending school, but has not graduated (or received a GED)**, then check the checkbox to indicate this information on the form.

Child is not attending school, but has not graduated (or received a GED Certificate):



- 8. Complete the additional questions using the instructions from **Steps 5 and 6** as applicable.
- 9. To answer the question, 'What is the date of the child's last Learning and/or development exam?' enter a Date by using the calendar field.

As a result of the child's last medical and/or dental exam(s), were services recommended? If services were recommended, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination.

	•
	-
Spell Check Clear	
As a result of the child's last mental health or psychological exam, were services recommended? If services were recom	mended, list service(s),
\odot Yes \odot No \odot N/A	
	*
	~
Spell Check Clear	
writ	
What is the date of the child's last Learning and/or developmental exam?	
What is the child's diagnosis as a result of the last Learning and/or developmental exam?	
	~
Spell Check Clear	
As a result of the child's last Learning and/or developmental exam(s), were services recommended/if services were re dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination.	commended, list service(s),
© Yes ◎ No ◎ N/A	
	*
	▼
Spell Check Clear	
As a result of the child's last substance abuse assessment, were services recommended? If services were recommende how well service(s) are addressing youth's needs. Include past services and reason(s) for termination	d, list service(s), dates, and
◎ Yes ◎ No ◎ N/A	
	-
Spell Check Clear	
Please describe the youth's challenges and needs that may affect Permanency:	
	A
	+
Spell Check Clear	
Please describe the youth's challenges and needs that are not being addressed sufficiently, and why:	
	~
Spell Check Clear	
Generate Report Cancel	



10. Click the Generate Report button.

Please describe the youth's challenges and needs that are not being addressed sufficien	tly, and why:
	<u>^</u>
Spell Check Clear	v
Generate Report Cancel	

The message **Your report is being created** appears while the report is generating.



The **Permanency Roundtable Skills Case Summary Form** (Section B) appears.



Important: The user cannot modify the completed form after it has been **Printed** or **Saved**. Prior to **Printing** or **Saving** the generated form, review it for errors and click the **Review Parameters** button, if needed, to make modifications.

UAT [2]	<u>1a loa</u>
SACWIS	Job and Fam Service
	l help
SECTION 5: CASE MANAGER SUMMARY REFERENCE FOR DESTRUCTIONS TO CASE MANAGER: Please briefly address each item in this metion aithout identifies anexific anticidants are faillisted to an faillis	
Additional latter may appear and the second se	-
Child's strengths, available supports; positives in child's life:	7
Child's religious and cultural background and/or connections:	-
Please rate/comment on the child's engagement (i.e., attendance, participation) in case planning, family team meetings, visitation, etc. :	-
Very engaged [] Somewhat engaged [] Not very engaged [] Not at all engaged []	
Comments:	
EDUCATION STATUS	
[] Altendarg School (if so, what grade:) [] Not attending school [] Graduated from high school	
MEDICAL/DENTAL	
Date of most recent medical exam. None recorded Date of most recent dental exam: None recorded	
Diagnosis or identified special needs (medical): Diagnosis or identified special needs (dental):	
Were services recommended?> If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination.	
EMOTIONAL/BEHAVIORAL HEALTH	-
Date of most recent mental health or psychological exam: None recorded	
Diagnosis or identified special needs: None recorded	
Were services recommended? -> If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination.	
LEARNING/DEVELOPMENTAL DELAYS	-
Date of most recent developmental exam:	
Diagnosis or identified special needs:	
Were services recommended? -> If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past service and reason(s) for [] Yes	
SUBSTANCE AB	

11. To **Save** the generated form to the application, click the **Save** button.

Note: To **Print** the PDF or to **Save** the PDF to your computer, hover the mouse over the screen until the **Task Bar** (outlined in green above) appears. Click the **Disk** button to **Save** the report or the **Printer** button to **Print** the report.



Completing the PRT Skills Case Summary Form C

- 1. Select **Permanency Roundtable Skills Case Summary Form C** from the **Forms/Notices** drop-down list.
- 2. Click the **Select** button.

The **Document Details** screen appears.

DHIDSACWIS	UAT [2]	<mark>▼ home</mark> ocialworker.Susie [A		help & tra	ining d Family Se	log off ervices 1
Case » Workload » Reports						help
Document Details						
Document Category: Work-Item ID:	Document Title: Work-Item Reference:	Permanency Round	ltable Skills Case	e Summary For	m C	
Task ID: 10	Task Reference:					
ID C)ate Created	Emp	oloyee ID		Name	
Generate Report						
Cancel						

3. Click the Generate Report button.

The **Permanency Roundtable Skills Case Summary Form Section C** parameters screen appears.

Reminder: The information entered on the parameters screen **Cannot** be saved for the user to complete at a later time.



Important: All of the information generated for **Section C** of the report is pulled from the user entered information on the **Section C Parameters** screen.

Permanency Roundtable Skills Case Summary Form Section C	
Have the youth's current caregivers ever been asked to be a permanent resource (that is, a person willing to care for the yout basis)?	h on a more permanent
Ves Veo (in no, prease explain)	~
	-
Spell Check Clear	
Are the youth's current caregivers interested in being a permanent resource?	
Yes No (If no, please explain) ODn't Know	
	^
	Ψ.
Spell Check Clear	

- 4. Select the **Child**, for which you wish to generate the report, from the drop-down list. (Required)
- 5. Select the appropriate **Radio Button** (outlined in green above) on applicable questions.
 - Enter comments regarding the answer, in the text box provided.
- 6. Complete the **Youth's Connections**, if applicable.
 - Enter the Name of the Connection.
 - Specify the **Relationship**, **Relationship Quality**, etc. by completing the applicable fields.

Please provide informati Name	on regarding the Youth's Connectio Relationship to Youth	ns:	Qual Relati	ity of onship	rel ti b Per	I atio or l here arri mai	s nsh ack of, er to neno	ip, a o cy?	Already explored and excluded?	100	Date Contacted	Outcome/Comments
()					0	Yes	0	No	Yes No	Γ		
()		•			0	Yes	0	No	O O Yes No	Γ.		
()		•	1	۲	0	Yes	0	No	O O Yes No	Г		
		Ŧ			0	Yes	0	No	O O Yes No	Г		()



7. Enter **Narrative** in the text boxes to answer the questions as appropriate.

What do you believe to be the primary barriers to Permanency for this youth?	
	^
	÷
Soell Check Geor	
Describe any agency/policy factors that affect progress towards Permanency for the youth. Explain:	
	^
	٣
Spell Check Clear	
Describe any court factors that affect progress towards Permanency for the youth. Explain:	
	^
	٣
Spell Check Clear	
Additional Information regarding barriers to Permanency:	
	^
	÷
Spell Check Clear	
What is the child's vision of Permanency?	
	^
	÷
Spell Check Gear	4 4
Spell Check Clear What is the child's primary caregiver's vision for permanency?	*
Spell Check Clear What is the child's primary caregiver's vision for permanency?	4
Spell Check Clear What is the child's primary caregiver's vision for permanency?	< - >
Spell Check Clear What is the child's primary caregiver's vision for permanency? Spell Check Clear Spell Check Clear	4 4
Spell Check Clear What is the child's primary caregiver's vision for permanency? Spell Check Clear Spell Check Clear what do you think is the best possible, but realistic, Permanency outcome for this child in the next six months?	4 2
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Clear Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months?	4 >
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Clear Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months?	4 2
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Gear	4 2
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear Spell Check Clear Spell Check Clear Spell Check Clear	4 >
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear What supports would you as the case manager need to help the child achieve that Permanency outcome in the next six months?	4 >
Spell Check Glear What is the child's primary caregiver's vision for permanency? Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear Spell Check Clear	4 2 4 2
Spell Check Gear What is the child's primary caregiver's vision for permanency? Spell Check Clear What do you think is the best possible, but realistic, Permanency outcome for this child in the next six months? Spell Check Clear Spell Check Clear Spell Check Clear Spell Check Clear	< > < > < > < > < > < > < > < > < > < >

- 8. Document the **Permanency Plan** for the child by selecting the appropriate **Radio Button**.
- 9. Enter a Target Date.
- 10. Document the **Second Permanency Plan** for the child by selecting the appropriate **Radio Button**, if applicable.

What is the Primary Permanency Plan for	the child?							
Reunification								
Adoption: Relative	Legal Custody/Guardianship: Relative							
Adoption: Non-Relative	Legal Custody/Guardianship: Non-Relative							
Emancipation with a Permanent Connection life-long intent, belonging, status and unconditional status and unconditinal status and unconditional status and unconditional	Emancipation with a Permanent Connection (a permanent connection is defined as having a relationship with at least one adult that includes five points: parenting, ife-long intent, belonging, status and unconditional commitment)							
Target Date:	ency Plan for the child?							
Adoption: Relative	Legal Custody/Guardianship: Relative							
Adoption: Non-Relative	Legal Custody/Guardianship: Non-Relative							
Emancipation with a Permanent Connection life-long intent, belonging, status and unconditional	on (a permanent connection is defined as having a relationship with at least one adult that includes five points: parenting, itional commitment)							
Emancipation with No Permanent Connect	tion							



- 11. Summarize any other relevant **Background** or **Maltreatment** information, in the text box, if needed.
- 12. Click the **Generate Report** button.



The message **Your report is being created** appears while the report is generating.



The **Permanency Roundtable Skills Case Summary Form** (Section C) appears.



Important: The user cannot modify the completed form after it has been **Printed** or **Saved**. Prior to **Printing** or **Saving** the generated form, review it for errors and click the **Review Parameters** button, if needed, to make modifications.

Section C: PERMANENCY	Perman	ency Roundtable Skil ONS TO CASE MANAGE	Ils Case Summary Form R: Please <u>briefly</u> address each ite	m in this section, re	garding the child's	Permanency
Current-Consoline/Household			1.1.Mar			
person willing to care for the yout	s ever been asked to be a peri- h on a more permanent basis)?	tanent resource (that is, a	[] Yes [] No → If no, explain:			
Are the youth's current caregivers	interested in being a permaner	nt resource?	[] Yes [] No → If no, explain: [] Don't know			
Youth's Connections		-				
Name	Relationship to Youth	Quality of Relationship	Is relationship or lack thereof, a barrier to Permanency?	Already explored and excluded?	Date contacted, if applicable	Outcome/ Comments
						<u> </u>
Barriers						
What do you believe to be the prin	nary barriers to Permanency fo	or this youth?				
Describe any agency/policy factor	s that affect progress towards	Permanency for the youth.	Explain:			
Describe any court factors that aff	ect progress towards Permaner	ncy for the youth. Explain:				
Additional Information						
Case Expectations						
What is the child's vision of Perm	inency?					
	\frown					
When is the shift of a size of the	owle spisson for Period ency?		lial 🔳			

13. To **Save** the generated form to the application, click the **Save** button.

Note: To **Print** the PDF or to **Save** the PDF to your computer, hover the mouse over the screen until the **Task Bar** (outlined in green above) appears. Click the **Disk** button to **Save** the report or the **Printer** button to **Print** the report.



Mapping Document

This section explains the **Mapping** between the information on the generated **PRT Skills Case Summary Form** and which area (Person, Case, Intake, etc.) and screen field each **Data Element** is pulled from into the report. This mapping document is meant to assist the user in updating the child's information prior to generating the report.

Items in **Red** are pulled into the form from the indicated area (Person, Case, Intake, etc.) and screen in SACWIS. Items in **Green** are user entered on the **PRT Skills Case Summary Form Parameters** screen in SACWIS.

Note: The abbreviation "PP" below refers to the Person Profile area in SACWIS.

Mapping Information – Section A

Section A: Face Sheet Instructions to Case Manager: Please complete the Case Summary information.							
Child Demographics							
Case ID #: Case ID		Child First Name: Person Profile	Child Last Name: PP:	ist Name: PP: Basic page			
Date of Birth: <i>PP: Basic page</i>	Gender: <i>PP: Basic</i> page	Race: (check all that apply)	PP: Demographics	page	Origin/Ethnicity (any race): <i>PP: Demographics page</i>		
Date of first referral to PCSA: Intake (IN): Decision page (1 st CA/N, FINS or Dependency intake where child was an ACV or CSR)	☐ Male ☐ Female	 White Black American Indian/ Alaska Native 	 Asian Native Hawaiian Other (please spectrum) 	/ Pacific Islander ecify):	 Hispanic / Latino Non-Hispanic / Latino 		
ACV or CSR) Child Abuse and Neglect History (if lengthy, please attach a chronological history of reports, disposition, removals, and types of abuse/neglect): Intake (IN): For CA/N History: Pulls in only those intakes where child was ACV/CSR and Intake was screened in or screened in AR. Displays all intakes that required a disposition which are intake categories of CA/N all types and FINS with type of "Stranger Danger". Intake information displayed: Intake ID / Intake Type / Intake Allegation Disposition Date Disposition							



Child Placement and Characteristics								
Why did the child enter foster care?	User en	tered on Form A						
Date of first entry into foster care: Case: Initial Removal page (1 st remo record)	oval	Agency of placement: Case: Placement page – from current placement record			Total number of months in foster care: Case: Legal Custody/Status page – calculates total months in custody to the nearest month			
Date of most recent entry into foster ca Case: Initial Removal page (most re removal record)	are: cent	Number of entries into foster care: Case: Legal Custody/Status – calculates the number of custody episodes for child		Has siblings in foster care: Yes No Case: Sibling Relationships and Legal Custody/Status of siblings – checks to see if child has persons identified as brothers or sisters (bio, adopt, half, step) in agency custody		Lives with at least one sibling: Yes No Case: Sibling Rel, Legal Cust/Status and Placement of siblings – Provider ID must equal		
Number of placements (across multiple episodes): Case: Placement records – For all c episodes, counts the number of tota placements (not including same pro ID for consecutive placement)	ustody al ovider	Number of move care admission: For most recent the number of a (not including s consecutive pla	es since most recent fost Case: Placement reco at custody episode, cou moves since 1 st placen same provider ID for acement)	ter rds – unts nent	ICPC (Interstate Compact on the Placement of Children)? Yes No Case: ICPC/ICAMA page – If active record, "Yes" is checked If yes, explain: Case: ICPC/ICAMA – Provider Type listed in child info tab			
Reason for most recent entry into foster care: Primary reason: Case: Initial Removal page – Primary Removal Reason listed Secondary reason(s): Case: Initial Removal page – Lists all Secondary Removal Reasons selected			Current Risk Factors (d User entered on Form Criminal Histor Substance abu Domestic Viole Mental Health I Income Issues/ Serial Relations Ethnic/Cultural Medical Issues	check A y ise ence Issues /Housir ships Issues	ALL that apply):	Child's Characterist apply): User entered on F DSM-IV Dia Other Emot Other Beha Developme Medical Iss Physical Di	tics (check ALL that orm A agnoses and/or Codes tional Disability ivioral Issues intal Disabilities ues sabilities	
Has youth ever been placed with a relative?	Yes Case: F No no recc "No" w text fro Informa	→ # of times: Placement page → why not? Ca ords indicate a re ill be checked; the m current Case ation Settings pa	ase: Case Plan – If elative relationship, he "why not?" pulls Plan: Placement nge	If yes, \ "Yes" a relati the "# relative provid	who and when? : checkbox will b ive relationship of times" will ed e relationships; er name(s) and	e checked if placen in "Relationship to qual the # of placen and "If yes, who ar date for each recor	nent record indicates Child" dropdown; nent records with nd when" will list the d	



Has youth ever had a pre-adoptive placement?	☐ Yes -	\rightarrow # of times: U \rightarrow why not?	ser entered on Fo	orm A				
Has youth ever experienced a disruption in placement?	Yes -	→ # of times: Ca	ase: Placement	acement If yes, reason for most recent disruption: "Yes" checkbox will checked if a placement record had an end reason of non- adoptive disruption or any other end reason and the "Was an effort to maintain placement?" question was answered "Yes"; the "# of times" will be a count of the disruptions; "If yes" pulls from "Explain the circumstances that led t removal" field				
Has youth ever experienced an adoption disruption?	☐ Yes - ☐ No	\rightarrow # of times: Ca	ase: Placement	If yes, explain: "Yes" checkbox will be checked if a placed record had an end reason of adoptive disruption; the "# of times" will be based on # of placements with an end reas adoptive disruption; and "If yes, explain" pulls from "Exp the circumstances that led to removal" field				
Child and Family Assessments (Prir	nt or scan	most recent reco	ommendations ar	d attach to thi	s Case Summary form.)			
Date of most recent or Case Plan: Date of most recent Case: Case Plan – Most recent case plan Health Plan (CBHE status date including "in progress" case Assessment (CFA) plan User entered on F			cent Comprehensi 3HB) or Comprehe FA): on Form A	Comprehensive Behavioral or Comprehensive User entered on Form A				
Case Manager								
Current Case Manager Name: Primary Worker assigned		Current Case M Primary Worke	lanager Phone #: er assigned phone	e #	Date Case Manager Assigned to Case: Primary Worker assigned date			
Supervisor Name: Supervisor of Primary Worker assig	ned							
Case Plans								
Date of most recent Permanency Goal Approved: Case: Case Plan – Most recent case plan status date including "in progress" case plan			g Permanency Case: Case I child's perm	Permanency Goal: Case: Case Plan: For most recent case plan: Identifying Information page – child's permanency goal				
Date Last Case Plan Updated: Case: Case Plan – Most recent case plan status date including "in progress" case plan								
Date of Independent Living Plan:			Describe Inde	pendent Living	Plan and readiness to exit foster care:			
Case: Independent Living page – Ef Living Plan	fective Dat	te of Independer	nt Case: Indepe most recent	endent Living p Readiness Rev	page – Readiness Review tab – Comments from view			
Restrictiveness of Placement								
Case: Placement page – Placement	Type for c	urrent placemer	nt record					



Date youth entered current placement: Case: Placement page – Begin Date for current placement record

Mapping Information – Section B

Section B: Case Manager Summary Referral Form Instructions to Case Manager: Please address <u>briefly</u> each of the items in this section, without identifying specific individuals, service providers or facilities by name on this form.

Additional Child Information Describe:								
Child strengths, available supports; positives in child's life: User entered on Form B								
Child's religious and cultural background and/or connections: User entered on Form B								
Please rate/comment on the child's	Very	Somewhat	Not very	Not at all	Comments:			
engagement (i.e., attendance, participation) in	engaged	engaged	engaged	engaged	Checkbox and Comments are user entered on			
case planning, family team meetings, visitation, etc.:					Form B			
For the "Attending school" question: Person Profile (PP): Education page then Performance Tab – Pulls from most recent record in Academic Evaluation History section; checkbox and grade pull from latest Evaluation Date and Grade Level selected in dropdown. "Graduated from high school" checkbox also pulls from most recent record in Academic Evaluation History, but from part 2 page if either "High School Diploma Received" or "GED Certificate Received" checkbox is checked. Attending school (if so, what grade:) Not attending school User entered on Form B Graduated from high school								
MEDICAL/DENTALDate of most recent medical exam: (PP): Medical page then Treatment Tab – Treatment History section: Pulls most recent date when Treatment Type = Medical and Primary Service Type = one of the following: 30 or 60 day Healthcheck, Annual Healthcheck, Non-Annual Physical or Well ChildDate of most recent dental exam: (PP): Medical page then Treatment Tab – Treatment History section: Pulls most recent date when Treatment Type = Dental and Primary Service Type = one of the following: 30 or 60 day 								
Diagnosis or identified special needs (medical): Diagnosis for medical and dental Treatment History pulls any text listed in the Diagnosis/Results field from the most recent record as described above in medical/dental date section								



Were services recommended?	→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: "Were services recommended?" checkbox and "If yes…" comments are user entered on Form B				
Date of most recent mental health or psychological exam: (PP): Medical page then Treatment Tab – Treatment History section: Pulls most recent date when Treatment Type = Mental and Primary Service Type = one of the following: Psychological Assessment, Psychiatric Assessment or Mental Assessment					
Diagnosis or identified special needs	: AXIS I - <i>Pulls any text listed in any/each of the DSM-IV Axis fields</i> AXIS II - AXIS III - AXIS IV - AXIS V -				
Were services recommended?	→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: "Were services recommended?" checkbox and "If yes" comments are user entered on Form B				
LEARNING/DEVELOPMENTAL DE	LAYS				
Date of most recent developmental e	xam: User entered on Form B				
Diagnosis or identified special needs: User entered on Form B					
Were services recommended?	\rightarrow If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: "Were services recommended?" checkbox and "If yes" comments are user entered on Form B				
	were services recommended: checkbox and in yes comments are user entered of rorm b				
Date of most recent substance abuse assessment: (PP): Medical page then Treatment Tab – Treatment History section: Pulls most recent date when Treatment Type = Mental and Primary Service Type = Drug and Alcohol Assessment					
Diagnosis or identified special needs	: AXIS I - Pulls any text listed in Axis I and/or Axis II of the DSM-IV Axis fields AXIS II -				
Were services recommended?	→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: "Were services recommended?" checkbox and "If yes" comments are user entered on Form B				
If not indicated above, please described user entered on Form B	be youth's challenges and needs that may affect permanency:				
If not indicated above, please describe youth's challenges and needs that are not being addressed sufficiently, and why: User entered on Form B					



Mapping Information – Section C

Note: All information in Section C is user entered on Form C.

Section C: Permanency Factors Instructions to Case Manager: Please briefly address each item in this section, regarding the child's Permanency.

Current Caregiver/Household									
Have the youth's current caregivers ever been asked to be a permanent resource (that is, a person willing to care for the youth on a more permanent basis)?			$\Box \text{ Yes}$ $\Box \text{ No} \rightarrow \text{ If no, explain:}$						
Are the youth's current caregivers interested in being a permanent resource?			 Yes No → If no, explain: Don't know 						
Youth's Connections									
Name	Relationship to Youth	C Re Good	Quality of elationship Fair Poor	Is relations thereof, a b Permanence	nip or lack arrier to v?	Already explored and excluded?	Date contacted, if applicable	Outcome/Comments	
				Yes 🗌	No 🗌	Yes 🗌 No 🗍			
				Yes 🗌	No 🗌				
				Yes 🗌	No 🗌	Yes 🗌 No 🗌			
				Yes 🗌	No 🗌	Yes 🗌 No 🗌			
Barriers									
What do you believe to be the primary barriers to Permanency for this youth?									
Describe any agency/policy factors that affect progress towards Permanency for the youth. Explain:									
Describe any court factors that affect progress towards Permanency for the youth. Explain:									
Additional Information									



Case Expectations							
What is the child's vision of Permanency	?						
What is the child's primary caregiver's vi	sion for Permanency?						
What do you think is the best possible –	but realistic – Permanency outcome for this child in the next six months?						
What supports would you as the case manager need to help the child achieve that Permanency outcome in the next six months?							
What is the Primary Permanency Plan?							
 Reunification Adoption: Relative Adoption: Non Relative Target date: 	 Legal Custody/Guardianship: Relative Legal Custody/Guardianship: Non-Relative Emancipation with a Permanent Connection (a permanent connection is defined as having a relationship with at least one adult that includes five points: parenting, life-long intent, belonging, status, and unconditional commitment) 						
If applicable, what is the Secondary Perr	nanency Plan?						
 Adoption: Relative Adoption: Non-Relative Emancipation with No Permanent Connection 	 Legal Custody/Guardianship: Relative Legal Custody/Guardianship: Non-Relative Emancipation with a Permanent Connection (a permanent connection is defined as having a relationship with at least one adult that includes five points: parenting, life-long intent, belonging, status, and unconditional commitment) 						
Additional Background							
Please summarize any child background elsewhere on this form:	or maltreatment history that you feel is relevant to the Permanency case consultation that is not reflected						

