

# **Completing a Permanency Roundtable (PRT) Skills Case Summary Form**



**Department of  
Children & Youth**

**Knowledge Base Article**

# Completing a Permanency Roundtable Skills Case Summary Form

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## Completing a Permanency Roundtable Skills Case Summary Form

### Overview

The **Permanency Roundtable (PRT) Skills Case Summary Form** is a form that has been added to Ohio 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/Notice Link

1. From the Ohio 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

The Case Overview screen appears.

4. From the **Navigation** menu, Click the **Forms/Notices** link.

# Completing a Permanency Roundtable Skills Case Summary Form

Home Intake **Case** Provider Financial Administration

Workload Court Calendar Placement Requests

< >

Case Overview  
Activity Log  
Attorney Communication  
Intake List  
**Forms/Notices**  
Substance Abuse Screening  
Ongoing Case A/I  
Specialized A/I Tool  
Law Enforcement  
Justification/Waiver  
Case Services

CASE NAME / ID: **Adoption**  
Sacwis, Susie Open (11/21/2022)

ADDRESS: 123 Sacwis Rd CONTACT:  
Test, OH 12345

AGENCY: Test County Children Services Board

PRIMARY WORKER: Test, Caseworker SUPERVISOR(S):  
Assign Worker Test, Caseworker

The maintain **Forms/Notices** screen appears.

Case Overview  
Activity Log  
Attorney Communication  
Intake List  
**Forms/Notices**  
Substance Abuse Screening  
Ongoing Case A/I  
Specialized A/I Tool  
Law Enforcement  
Justification/Waiver  
Case Services  
Legal Actions  
Legal Custody/Status  
Living Arrangement/  
Guardianship  
Initial Removal  
Potential Adoptive Families  
Child Recruitment

CASE NAME / ID: **Adoption**  
Sacwis, Susie / 12345678 Open (11/21/2022)

Maintain Forms/Notices

Forms/Notices:

Select

- JFS 01645 - Agreement for Temporary Custody of Child
- JFS 01645 - Part II Agreement for Temporary Custody of Child (Extension)
- JFS 01645 - Part III Termination of Agreement for Temporary Custody of Child
- JFS 01654 - Adoptive Placement Agreement
- JFS 01666 - Permanent Surrender Form
- JFS 01667 - Adoption Information Disclosure Form
- JFS 01679 - Request for Notification
- JFS 01686 - OAPL Child Registration Form
- JFS 01695 - Application for Search of Ohio Putative Father Registry
- Notice to the Court
- Notification of Kinship Search
- Ongoing Case Closure Checklist (Form)
- Permanency Roundtable Skills Case Summary Form A**
- Permanency Roundtable Skills Case Summary Form B**
- Permanency Roundtable Skills Case Summary Form C**
- Permanent Planned Living Arrangement (PPLA) Caregiver Notice
- Person Overview
- Semi-Annual Review Meeting Notice
- Tribal Inquiry and Notification
- Wardship Letter

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

**Important:** 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 a Permanency Roundtable Skills Case Summary Form

## Completing the PRT Skills Case Summary Form A

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

Case Overview  
Activity Log  
Attorney Communication  
Intake List  
**Forms/Notices**  
Substance Abuse Screening  
Ongoing Case A/I  
Specialized A/I Tool  
Law Enforcement  
Justification/Waiver  
Case Services  
Legal Actions  
Legal Custody/Status  
Living Arrangement/  
Guardianship  
Initial Removal  
Potential Adoptive Families  
Child Recruitment

CASE NAME / ID: Sacwis, Susie / 12345678 Adoption Open (11/21/2022)

Maintain Forms/Notices

Forms/Notices:

- JFS 01645 - Agreement for Temporary Custody of Child
- JFS 01645 - Part II Agreement for Temporary Custody of Child (Extension)
- JFS 01645 - Part III Termination of Agreement for Temporary Custody of Child
- JFS 01654 - Adoptive Placement Agreement
- JFS 01666 - Permanent Surrender Form
- JFS 01667 - Adoption Information Disclosure Form
- JFS 01679 - Request for Notification
- JFS 01686 - OAPL Child Registration Form
- JFS 01695 - Application for Search of Ohio Putative Father Registry
- Notice to the Court
- Notification of Kinship Search
- Ongoing Case Closure Checklist (Form)
- Permanency Roundtable Skills Case Summary Form A**
- Permanency Roundtable Skills Case Summary Form B
- Permanency Roundtable Skills Case Summary Form C
- Permanent Planned Living Arrangement (HPLA) Caregiver Notice
- Person Overview
- Semi-Annual Review Meeting Notice
- Tribal Inquiry and Notification
- Wardship Letter

2. Click the **Select** button.

The **Document Details** screen appears.

Document Details

Document Category:  Document Title: Permanency Roundtable Skills Case Summary Form A

Work-Item ID: 123456 Work-Item Reference: Sacwis, Susie

Task ID: 10 Task Reference:

Document History

ID	Date Created	Employee ID	Name
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Document History

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 later.

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?'**.

## Completing a Permanency Roundtable Skills Case Summary Form

Permanency Roundtable Skills Case Summary Form Section A

Child: \*

Why did the child enter foster care?

Spell Check Clear

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

### Current Risk Factors (check all that apply)

- Criminal History
- Substance Abuse
- Domestic Violence
- Mental Health Issues
- Income Issues/Housing
- Serial Relationships
- Ethnic/Cultural Issues
- Medical Issues

### Child's Characteristics (check all that apply)

- DSM Diagnoses and/or Codes
- Other Emotional Disability
- Other Behavioral Issues
- Developmental Disabilities
- Medical Issues
- Physical Disabilities

## Completing a Permanency Roundtable Skills Case Summary Form

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

Has youth ever had a pre-adoptive placement? \*

Yes --> # of times:


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 Behavioral Health Plan (CBHB)  
or Comprehensive Assessment (CFA) :

Date of most recent psychological  
evaluation :





**Generate Report** Cancel

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

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

Your report is being created



Please wait ...

Report Requested: 10:26:11 AM  
Last Checked: 10:26:16 AM

# Completing a Permanency Roundtable Skills Case Summary Form

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

**Permanency Roundtable Skills Case Summary Form**

**SECTION A: FACE SHEET** INSTRUCTIONS TO CASE MANAGER: Please fill in information for all fields below.

<b>Child's Demographics</b>			
Case ID#: 12345678		Child's First Name: Susie	
Date of Birth: 07/03/2009	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race: (check All that apply) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (please specify):	Child's Last Name: Sacwis
Date of first referral to PCSA: 04/29/2022			Origin/Ethnicity (any race): <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino
Child Abuse and Neglect History: (if lengthy, please attach a chronological history of reports, removals, and types of abuse/neglect):			
Intake ID / Intake Type / Intake Allegation / Disposition Date / Disposition 123456 / CAN Report / Abuse / 06/03/2022 / Substantiated			
<b>Child's Placement and Characteristics</b>			
Why did the child enter foster care? TESTING			
Date of first entry into foster care: 05/11/2022	Agency of placement: Test County Children Services Board	Total number of months in foster care: 14	
Date of most recent entry into foster care: 05/11/2022	Number of entries into foster care: 1	Has siblings in foster care: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lives with at least one sibling: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of placements (across multiple episodes): 2	Number of moves since most recent foster care admission: 1	ICPC (Interstate Compact on the Placement of Children)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes explain:	
Reason for most recent entry into foster care: <b>Primary reason:</b> Abuse <b>Secondary reason(s):</b> Abuse	Current Risk Factors (check ALL that apply): <input type="checkbox"/> Criminal History <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Income Issues/Housing <input type="checkbox"/> Serial Relationships <input type="checkbox"/> Ethnic/Cultural Issues <input type="checkbox"/> Medical Issues	Child's Characteristics (check ALL that apply): <input type="checkbox"/> DSM Diagnosis and/or Codes <input type="checkbox"/> Other Emotional Disability <input type="checkbox"/> Other Behavioral Issues <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Medical Issues <input type="checkbox"/> Physical Disabilities	
<b>Child's Placement and Characteristics (continued)</b>			
Has youth ever been placed with a relative? <input type="checkbox"/> Yes --> # of times: <input checked="" type="checkbox"/> No --> why not? An approved relative home was unable to identified by the Agency upon removal. The Agency is		If yes, who and when?	

Save Cancel **Review Parameters**

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, Click the **Print** or **Save** button in the top right corner of the report.



# Completing a Permanency Roundtable Skills Case Summary Form

## Completing the PRT Skills Case Summary Form B

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

Case Overview  
Activity Log  
Attorney Communication  
Intake List  
**Forms/Notices**  
Substance Abuse Screening  
Ongoing Case A/I  
Specialized A/I Tool  
Law Enforcement  
Justification/Waiver  
Case Services  
Legal Actions  
Legal Custody/Status  
Living Arrangement/  
Guardianship  
Initial Removal  
Potential Adoptive Families  
Child Recruitment

CASE NAME / ID: **Sacwis, Susie / 12345678** Adoption  
Open (11/21/2022)

Maintain Forms/Notices

Forms/Notices:

Select

- JFS 01645 - Agreement for Temporary Custody of Child
- JFS 01645 - Part II Agreement for Temporary Custody of Child (Extension)
- JFS 01645 - Part III Termination of Agreement for Temporary Custody of Child
- JFS 01654 - Adoptive Placement Agreement
- JFS 01666 - Permanent Surrender Form
- JFS 01667 - Adoption Information Disclosure Form
- JFS 01679 - Request for Notification
- JFS 01686 - OAPL Child Registration Form
- JFS 01695 - Application for Search of Ohio Putative Father Registry
- Notice to the Court
- Notification of Kinship Search
- Ongoing Case Closure Checklist (Form)
- Permanency Roundtable Skills Case Summary Form A
- Permanency Roundtable Skills Case Summary Form B**
- Permanency Roundtable Skills Case Summary Form C
- Permanent Planned Living Arrangement (PPLA) Caregiver Notice
- Person Overview
- Semi-Annual Review Meeting Notice
- Tribal Inquiry and Notification
- Wardship Letter

2. Click the **Select** Button.

The **Document Details** screen appears.

Document Details

Document Category: Document Title: Permanency Roundtable Skills Case Summary Form B

Work-Item ID: 123456 Work-Item Reference: Sacwis, Susie

Task ID: 10 Task Reference:

Document History

ID	Date Created	Employee ID	Name
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Document History

Generate Report

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 later.

## Completing a Permanency Roundtable Skills Case Summary Form

Permanency Roundtable Skills Case Summary Form B

Child: \*

Child's strengths, available supports; positives in child's life:

Spell Check Clear

Child's religious and cultural background 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.

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:

Spell Check Clear

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.

# Completing a Permanency Roundtable Skills Case Summary Form

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.

Yes  No

Spell Check Clear

As a result of the child's last mental health or psychological exam, 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.

Yes  No  N/A

Spell Check Clear

What is the date of the child's last learning/developmental exam?

[Date Input]



What is the child's diagnosis as a result of the last learning/developmental exam?

Spell Check Clear

As a result of the child's last learning/developmental 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.

Yes  No  N/A

Spell Check Clear

As a result of the child's last substance abuse assessment, 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.

Yes  No  N/A

Spell Check Clear

Please describe the youth's challenges and needs that may affect Permanency:

Spell Check Clear

Please describe the youth's challenges and needs that are not being addressed sufficiently, and why:

Spell Check Clear

## Completing a Permanency Roundtable Skills Case Summary Form

10. Click **Generate Report** button.



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

Your report is being created



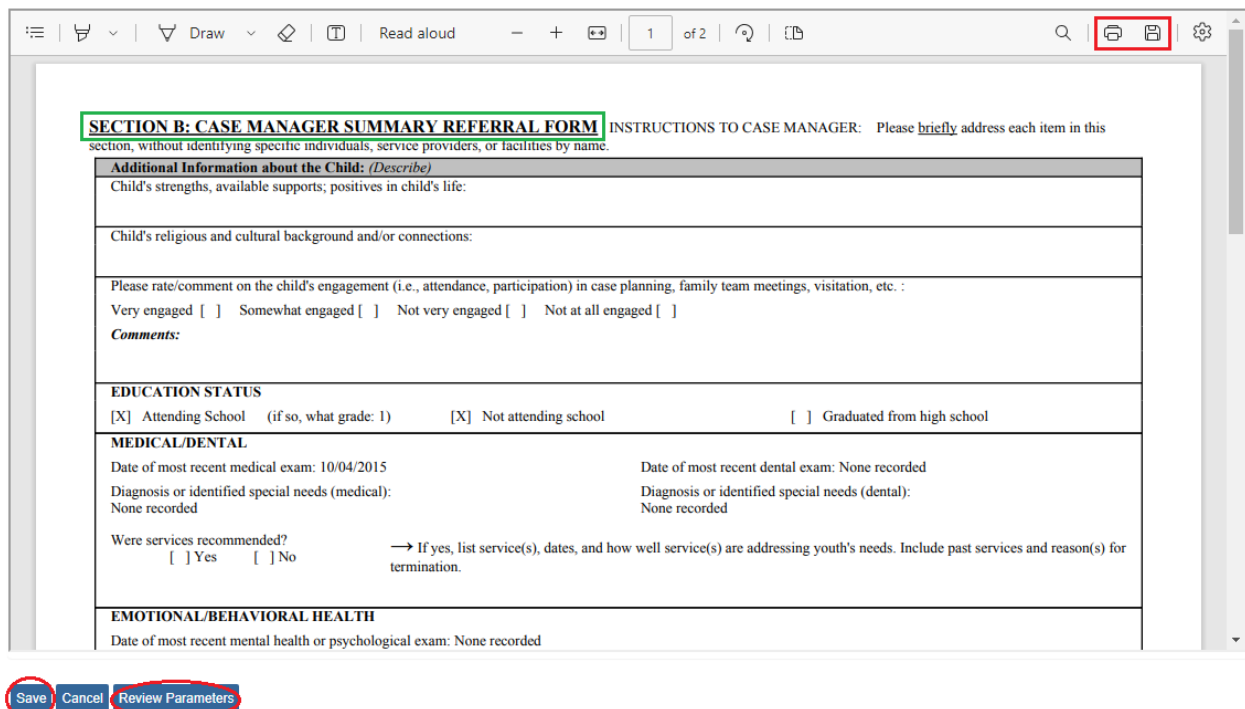
Please wait ...

Report Requested: 10:26:11 AM

Last Checked: 10:26:16 AM

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.



The screenshot shows a web browser window displaying the 'SECTION B: CASE MANAGER SUMMARY REFERRAL FORM'. The form includes instructions for the case manager and several sections for data entry:

- Additional Information about the Child: (Describe)**
  - Child's strengths, available supports; positives in child's life:
  - 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**
  - Attending School (if so, what grade: 1)  Not attending school  Graduated from high school
- MEDICAL/DENTAL**
  - Date of most recent medical exam: 10/04/2015 Date of most recent dental exam: None recorded
  - Diagnosis or identified special needs (medical): None recorded Diagnosis or identified special needs (dental): None recorded
  - Were services recommended?  Yes  No → 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

At the bottom of the browser window, the 'Review Parameters' button is circled in red, along with 'Save' and 'Cancel' buttons.

## Completing a Permanency Roundtable Skills Case Summary Form

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, Click the **Print** or **Save** button in the top right corner of 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.

The screenshot shows a web interface for document details. It includes fields for Document Category, Work-Item ID (123456), Task ID (10), Document Title (Permanency Roundtable Skills Case Summary Form C), Work-Item Reference (Sacwis, Susie), and Task Reference. Below this is a table for Document History with columns for ID, Date Created, Employee ID, and Name. At the bottom, there is a 'Generate Report' button highlighted with a red box.

Document Details			
Document Category:		Document Title:	Permanency Roundtable Skills Case Summary Form C
Work-Item ID:	123456	Work-Item Reference:	Sacwis, Susie
Task ID:	10	Task Reference:	

Document History			
ID	Date Created	Employee ID	Name

Document History

[Generate Report](#)

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 later.

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

## Completing a Permanency Roundtable Skills Case Summary Form

PERMANENCY ROUNDTABLE FORM

Permanency Roundtable Skills Case Summary Form Section C

Child: \*

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)?
   
 Yes  No (if no, please explain)

Are the youth's current caregivers interested in being a permanent resource?
   
 Yes  No (if no, please explain)  Don't Know

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 information regarding the 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	Outcome/Comments
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

## Completing a Permanency Roundtable Skills Case Summary Form

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?

Spell Check Clear

Describe any agency/policy factors that affect progress towards Permanency for the youth. Explain:

Spell Check Clear

Describe any court factors that affect progress towards Permanency for the youth. Explain:

Spell Check Clear

Additional Information regarding barriers to Permanency:

Spell Check Clear

What is the child's vision of Permanency?

Spell Check Clear

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

What supports would you as the case manager need to help the child achieve that Permanency outcome in the next six months?

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.

## Completing a Permanency Roundtable Skills Case Summary Form

What is the Primary Permanency Plan for the child?

- Reunification
- Adoption: Relative
- Adoption: 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)
- Legal Custody/Guardianship: Relative
- Legal Custody/Guardianship: Non-Relative

Target Date:

If applicable, what is the Second Permanency Plan for the child?

- Adoption: Relative
- Adoption: 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)
- Emancipation with No Permanent Connection
- Legal Custody/Guardianship: Relative
- Legal Custody/Guardianship: Non-Relative

11. Summarize any other relevant **Background** or **Maltreatment** information, in the text box, if needed

12. Click the **Generate Report** button.

Please summarize any child background or maltreatment history that you feel is relevant to the Permanency case consultation that is not reflected elsewhere on this form:

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

Your report is being created



Please wait ...

Report Requested: 10:26:11 AM

Last Checked: 10:26:16 AM

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



## Completing a Permanency Roundtable Skills Case Summary Form

**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.

**Permanency Roundtable Skills Case Summary Form**

**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)?  Yes  
 No → 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	Quality of Relationship	Is relationship or lack thereof, a barrier to Permanency?	Already explored and excluded?	Date contacted, if applicable	Outcome/Comments

**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:

Save Cancel Review Parameters

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, Click the **Print** or **Save** button in the top right corner of the report.

# Completing a Permanency Roundtable Skills Case Summary Form

## 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 Ohio SACWIS.

Items in **Green** are user entered on the **PRT Skills Case Summary Form Parameters** screen in Ohio SACWIS.

**Note:** The abbreviation “PP” below refers to the Person Profile area in Ohio SACWIS.

## Mapping Information – Section A

Section A: Face Sheet Instructions to Case Manager: Please complete the Case Summary information.				
Child Demographics				
Case ID #: <b>Case ID</b>		Child First Name: <b>Person Profile (PP): Basic page</b>		Child Last Name: <b>PP: Basic page</b>
Date of Birth: <b>PP: Basic page</b>	Gender: <b>PP: Basic page</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <i>(check all that apply)</i> <b>PP: Demographics page</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other <i>(please specify):</i>		Origin/Ethnicity (any race): <b>PP: Demographics page</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Latino
Date of first referral to PCSA: <b>Intake (IN): Decision page (1<sup>st</sup> CA/N, FINS or Dependency intake where child was an ACV or CSR)</b>				
Child Abuse and Neglect History (if lengthy, please attach a chronological history of reports, disposition, removals, and types of abuse/neglect): <b>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:</b> <b>Intake ID / Intake Type / Intake Allegation Disposition Date Disposition</b>				

## Completing a Permanency Roundtable Skills Case Summary Form

Child Placement and Characteristics			
<b>Why did the child enter foster care? User entered on Form A</b>			
Date of first entry into foster care: <i>Case: Initial Removal page (1<sup>st</sup> removal record)</i>	Agency of placement: <i>Case: Placement page – from current placement record</i>	Total number of months in foster care: <i>Case: Legal Custody/Status page – calculates total months in custody to the nearest month</i>	
Date of most recent entry into foster care: <i>Case: Initial Removal page (most recent removal record)</i>	Number of entries into foster care: <i>Case: Legal Custody/Status – calculates the number of custody episodes for child</i>	Has siblings in foster care: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>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</i>	Lives with at least one sibling: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Case: Sibling Rel, Legal Cust/Status and Placement of siblings – Provider ID must equal</i>
Number of placements (across multiple episodes): <i>Case: Placement records – For all custody episodes, counts the number of total placements (not including same provider ID for consecutive placement)</i>	Number of moves since most recent foster care admission: <i>Case: Placement records – For most recent custody episode, counts the number of moves since 1<sup>st</sup> placement (not including same provider ID for consecutive placement)</i>	ICPC (Interstate Compact on the Placement of Children)? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Case: ICPC/ICAMA page – If active record, “Yes” is checked</i> If yes, explain: <i>Case: ICPC/ICAMA – Provider Type listed in child info tab</i>	
Reason for most recent entry into foster care:  <b>Primary reason:</b> <i>Case: Initial Removal page – Primary Removal Reason listed</i> <b>Secondary reason(s):</b> <i>Case: Initial Removal page – Lists all Secondary Removal Reasons selected</i>		Current Risk Factors (check ALL that apply): <b>User entered on Form A</b> <input type="checkbox"/> Criminal History <input type="checkbox"/> Substance abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Income Issues/Housing <input type="checkbox"/> Serial Relationships <input type="checkbox"/> Ethnic/Cultural Issues <input type="checkbox"/> Medical Issues	Child’s Characteristics (check ALL that apply): <b>User entered on Form A</b> <input type="checkbox"/> DSM-IV Diagnoses and/or Codes <input type="checkbox"/> Other Emotional Disability <input type="checkbox"/> Other Behavioral Issues <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Medical Issues <input type="checkbox"/> Physical Disabilities
Has youth ever been placed with a relative?	<input type="checkbox"/> Yes → # of times: <i>Case: Placement page</i> <input type="checkbox"/> No → why not? <i>Case: Case Plan – If no records indicate a relative relationship, “No” will be checked; the “why not?” pulls text from current Case Plan: Placement Information Settings page</i>		
Has youth ever been placed with a relative?	<input type="checkbox"/> Yes → # of times: <b>User entered on Form A</b> <input type="checkbox"/> No → why not?		
Has youth ever experienced a disruption in placement?	<input type="checkbox"/> Yes → # of times: <i>Case: Placement</i> <input type="checkbox"/> No If yes, reason for most recent disruption: <i>“Yes” checkbox will be checked if a placement record had an end reason of non-adoptive disruption or any other end reason and the “Was there an effort to maintain placement?” question was answered “Yes”; the “# of times” will be a count of the disruptions; and “If yes...” pulls from “Explain the circumstances that led to removal” field</i>		
Has youth ever experienced an adoption disruption?	<input type="checkbox"/> Yes → # of times: <i>Case: Placement</i> <input type="checkbox"/> No If yes, explain: <i>“Yes” checkbox will be checked if a placement record had an end reason of adoptive disruption; the “# of times” will be based on # of placements with an end reason of adoptive disruption; and “If yes, explain” pulls from “Explain the circumstances that led to removal” field</i>		
<b>Child and Family Assessments (Print or scan most recent recommendations and attach to this Case Summary form.)</b>			
Date of most recent or Case Plan: <i>Case: Case Plan – Most recent case plan status date including “in progress” case plan</i>	Date of most recent Comprehensive Behavioral Health Plan (CBHB) or Comprehensive Assessment (CFA): <b>User entered on Form A</b>	Date of most recent Psychological Evaluation: <b>User entered on Form A</b>	
<b>Case Manager</b>			
Current Case Manager Name: <i>Primary Worker assigned</i>	Current Case Manager Phone #: <i>Primary Worker assigned phone #</i>	Date Case Manager Assigned to Case: <i>Primary Worker assigned date</i>	
Supervisor Name: <i>Supervisor of Primary Worker assigned</i>			
<b>Case Plans</b>			
Date of most recent Permanency Goal Approved: <i>Case: Case Plan – Most recent case plan status date including “in progress” case plan</i>	Permanency Goal: <i>Case: Case Plan: For most recent case plan: Identifying Information page – child’s permanency goal</i>		
Date Last Case Plan Updated: <i>Case: Case Plan – Most recent case plan status date including “in progress” case plan</i>			
Date of Independent Living Plan: <i>Case: Independent Living page – Effective Date of Independent Living Plan</i>	Describe Independent Living Plan and readiness to exit foster care: <i>Case: Independent Living page – Readiness Review tab – Comments from most recent Readiness Review</i>		

# Completing a Permanency Roundtable Skills Case Summary Form

<b>Restrictiveness of Placement</b>
<i>Case: Placement page – Placement Type for current placement record</i>
Date youth entered current placement: <i>Case: Placement page – Begin Date for current placement record</i>

## Mapping Information – Section B

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

<b>Additional Child Information</b> <i>Describe:</i>					
Child strengths, available supports; positives in child's life: <span style="color: green;">User entered on Form B</span>					
Child's religious and cultural background and/or connections: <span style="color: green;">User entered on Form B</span>					
Please rate/comment on the child's <b>engagement</b> (i.e., attendance, participation) in case planning, family team meetings, visitation, etc.:	Very engaged <input type="checkbox"/>	Somewhat engaged <input type="checkbox"/>	Not very engaged <input type="checkbox"/>	Not at all engaged <input type="checkbox"/>	Comments: <span style="color: green;">Checkbox and Comments are user entered on Form B</span>
<b>EDUCATION STATUS</b> <i>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.</i>					
<input type="checkbox"/> Attending school (if so, what grade: ) <input type="checkbox"/> Not attending school <span style="color: green;">User entered on Form B</span> <input type="checkbox"/> Graduated from high school					
<b>MEDICAL/DENTAL</b>					
Date of most recent medical exam: <i>(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 Child</i>			Date of most recent dental exam: <i>(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 Healthcheck, Annual Healthcheck or Exam/Cleaning</i>		
Diagnosis or identified special needs (medical): <i>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</i>			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: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: green;">"Were services recommended?" checkbox and "If yes..." comments are user entered on Form B</span>					

## Completing a Permanency Roundtable Skills Case Summary Form

<b>EMOTIONAL/BEHAVIORAL HEALTH</b> Date of most recent mental health or psychological exam: <i>(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</i>	
Diagnosis or identified special needs: <b>AXIS I - Pulls any text listed in any/each of the DSM-IV Axis fields</b> AXIS II - AXIS III - AXIS IV - AXIS V -	
Were services recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: <b>"Were services recommended?" checkbox and "If yes..." comments are user entered on Form B</b>
<b>LEARNING/DEVELOPMENTAL DELAYS</b> Date of most recent developmental exam: <b>User entered on Form B</b> Diagnosis or identified special needs: <b>User entered on Form B</b> Were services recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: <b>"Were services recommended?" checkbox and "If yes..." comments are user entered on Form B</b>	
<b>SUBSTANCE ABUSE</b> Date of most recent substance abuse assessment: <i>(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</i>	
Diagnosis or identified special needs: <b>AXIS I - Pulls any text listed in Axis I and/or Axis II of the DSM-IV Axis fields</b> AXIS II -	
Were services recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	→ If yes, list service(s), dates, and how well service(s) are addressing youth's needs. Include past services and reason(s) for termination: <b>"Were services recommended?" checkbox and "If yes..." comments are user entered on Form B</b>
If not indicated above, please describe youth's challenges and needs that may affect permanency: <b>User entered on Form B</b>	
If not indicated above, please describe youth's challenges and needs that are not being addressed sufficiently, and why: <b>User entered on Form B</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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No → If no, explain:							
Are the youth's current caregivers interested in being a permanent resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No → If no, explain: <input type="checkbox"/> 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
		Good	Fair	Poor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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								

## Completing a Permanency Roundtable Skills Case Summary Form

<b>Case Expectations</b>
What is the child's vision of Permanency?
What is the child's primary caregiver's vision 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? <input type="checkbox"/> Reunification <input type="checkbox"/> Adoption: Relative <input type="checkbox"/> Adoption: Non Relative <input type="checkbox"/> Legal Custody/Guardianship: Relative <input type="checkbox"/> Legal Custody/Guardianship: Non-Relative <input type="checkbox"/> 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) Target date:
If applicable, what is the Secondary Permanency Plan? <input type="checkbox"/> Adoption: Relative <input type="checkbox"/> Adoption: Non-Relative <input type="checkbox"/> Emancipation with No Permanent Connection <input type="checkbox"/> Legal Custody/Guardianship: Relative <input type="checkbox"/> Legal Custody/Guardianship: Non-Relative <input type="checkbox"/> 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)
<b>Additional Background</b>
Please summarize any child background or maltreatment history that you feel is relevant to the Permanency case consultation that is not reflected elsewhere on this form:

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).