

**Non-Custodial Family Permanency Plan**

Non-Custodial Family Permanency Plan for:

Case Name:

Case ID:

Plan Date:

**Section 1: General Information**

Case Name:

Case ID:

Plan Date:

**Child(ren)/Youth:**

Name:

Gender: ☐ Male ☐  
Female

Tribal Affiliation:

DOB:

Name:

Gender: ☐ Male ☐  
Female

Tribal Affiliation:

DOB:

Name:

Gender: ☐ Male ☐  
Female

Tribal Affiliation:

DOB:

Name:

Gender: ☐ Male ☐  
Female

Tribal Affiliation:

DOB:

**Permanency Goal:**

For:

Permanency Goal:

Goal Established Date:

Goal Target Date:

**Probation/Aftercare:**

Permanency Goal:

Goal Established Date:

Goal Target Date:

Date of Probation/Aftercare:

Justification for Goal Change:



# Non-Custodial Family Permanency Plan for:

## Plan Participant(s):

Name:	Relationship to child:
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Phone Number:	DOB:	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address:
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Name:	Relationship to child:
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Phone Number:	DOB:	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address:
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Name:	Relationship to child:
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Phone Number:	DOB:	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address:
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Name:	Relationship to child:
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Phone Number:	DOB:	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address:
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## Section 2: Reason for Involvement

### For:

What brought the child(ren) to the attention of CPS/DCS?



### **Section 3: Child and Family Strengths**

*Describe the Child and Family's Strengths, Resources and Abilities that may promote safety, well being, and permanence.*

<b>Name(s):</b>	<b>Strength Indicator(s) and Description of Strength:</b>

### **Section 4: Planning**

#### **For:**

Safety:	<i>An environment that protects a person from mental and or physical harm, risk, or injury. This area should address concerns related to the need (or lack thereof) for placement, continued custody or intervention. This can be a result of any type of maltreatment, abuse, neglect, violence, delinquent acts, risk taking behaviors or substance use that may place a child or youth at risk. This area should also address risk reduction and victim compensation.</i>
Permanence	<i>The long term stability, longevity, and constancy in a person's life. This area should address factors related to the need (or lack thereof) for placement, continued custody or intervention in regard to the relationships between parents, children, youth, siblings, and other family members or close family friends; and the current circumstances that may affect a child or youth's safety or stability. For older youth, this area should include the identification of significant supportive adult relationships and connections.</i>
Well Being	<i>The behavioral, emotional, and developmental state within which a person functions. This area should address factors related to the need (or lack thereof) for placement, continued custody or intervention in the area of a child or youth's current level of</i>



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*functioning and development. This may include social relationships, problem solving skills, leisure/recreational outlets as well as the parent's capacity to meet the child or youth's needs. Also, address the child, youth, or family's physical, mental, or psychiatric needs, any issues related to education, employment and preparation for adult living.*

### Child and Family Concerns and Outcomes:

*Describe the Child and Family's needs and concerns related to the safety, well being, and permanence of the child and the family. Describe the action steps to achieve the desired outcomes that relate to each concern and underlying need.*

Name(s):

Mission:

Concern Indicator(s):

Description of Concern:

### STATEMENT OF RESPONSIBILITIES:

**This section contains both the desired outcomes and action steps that together comprise the responsibilities of the parents and/or other responsible person(s) to achieve the permanency goals**

Outcome Expected Achievement Date:

Desired Outcomes:

**Action Step(s):**

**Responsible Person(s):**

**Start Date:**

Distribution:

CS-0787, Rev. 09/22



Non-Custodial Family Permanency Plan for:

Name(s):	Mission:	Concern Indicator(s):
Description of Concern:		
<b>STATEMENT OF RESPONSIBILITIES:</b> This section contains both the desired outcomes and action steps that together comprise the responsibilities of the parents and/or other responsible person(s) to achieve the permanency goals		
Outcome Expected Achievement Date:		
Desired Outcomes:		
<b>Action Step(s):</b>	<b>Responsible Person(s):</b>	<b>Start Date</b>



# Non-Custodial Family Permanency Plan for:

Name(s):	Mission:	Concern Indicator(s):
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Description of Concern:
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**STATEMENT OF RESPONSIBILITIES:**  
This section contains both the desired outcomes and action steps that together comprise the responsibilities of the parents and/or other responsible person(s) to achieve the permanency goals

Outcome Expected Achievement Date:
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Desired Outcomes:
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Action Step(s):	Responsible Person(s):	Start Date

Name(s):	Mission:	Concern Indicator(s):
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Non-Custodial Family Permanency Plan for:

Description of Concern:

**STATEMENT OF RESPONSIBILITIES:**

**This section contains both the desired outcomes and action steps that together comprise the responsibilities of the parents and/or other responsible person(s) to achieve the permanency goals**

Outcome Expected Achievement Date:

Desired Outcomes:

Action Step(s):	Responsible Person(s):	Start Date



Non-Custodial Family Permanency Plan for:

### **Section 5: Agreement and Signatures**

#### **Agreements**

##### **For:**

I have participated in the development of the Non-Custodial Permanency Plan and/or the plan has been discussed with me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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I agree with the Non-Custodial Permanency Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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For each "No" or "N/A" answer, explain reasons why not applicable or areas of disagreement:

Signature

Date

##### **For:**

I have participated in the development of the Non-Custodial Permanency Plan and/or the plan has been discussed with me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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I agree with the Non-Custodial Permanency Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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For each "No" or "N/A" answer, explain reasons why not applicable or areas of disagreement:

Signature

Date

##### **For:**

I have participated in the development of the Non-Custodial Permanency Plan and/or the plan has been discussed with me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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I agree with the Non-Custodial Permanency Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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For each "No" or "N/A" answer, explain reasons why not applicable or areas of disagreement:

Signature

Date





Non-Custodial Family Permanency Plan for:

**Signature of Participants:**

Participant Type	Name	Date	Signature
Child/Youth 1			
Child/Youth 1			
Child/Youth 1			
Child/Youth 1			
Child/Youth 1			
Caretaker			
Caretaker			
Caretaker			
Assigned Worker			
Other DCS Staff			
Other DCS Staff			
Assigned Team Leader			
Guardian Ad Litem			
Other Attorney			
DCS Legal Staff			
Other Participant			
Other Participant			

Distribution: