

Report to the Court
Congregate Care Placement Recommendation

Child Name:

DOB:

Docket Number:

Hearing Type:

Hearing Date:

Permanency Goal:

Type of placement request:

- Entering (has never lived in a Congregate Care Facility)
- Re-entering (has previously lived in a Congregate Care Facility)
- Transfer (moving from one Congregate Care to another Congregate Care)
- Ongoing (remain in current Congregate Care Facility)

Current Placement:

Home

Kinship Care

- Relative Care-Maternal
- Relative Care-Paternal
- Pre-Adoptive Home
- Kinship Non-Relative Care

Foster Care

- Foster Home
- Pre-Adoptive Home (Non-Kinship)
- Supervised Independent Living

Congregate Care

- Shelter Care
- Group Home
- Residential Facility
- Residential Treatment Facility

Hospitalization

- Medical Care Facility
- Psychiatric Facility

Reason for congregate care placement request (be specific regarding why this level of care is the best placement option):

Safety Threat(s) that prevents youth from being in home:

Community Services/Treatment provided prior to request being made (be specific):

Family finding (identify all efforts made to locate and involve family/kin in the child's network, the resolution of safety threats or general concerns):

Youth's opinion regarding proposed placement (use his/her words, if possible):

Mother's opinion regarding proposed placement (use her words, if possible):

Father's opinion regarding proposed placement (use his words, if possible):

Guardian's opinion regarding proposed placement (use his/her words, if possible):

Family Meeting: Was a family meeting held? Yes No

**If yes,
Date of Meeting:**

Attendees (name and relationship)

What was decided by the family (attach a copy of the family plan):

Previous Placements:

Placement:

Reason previous placement is not an option:

Kinship Placement Options Explored:

Name:	Relationship:	Reason unable to be placed:
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Proposed Placement Facility:

Reason this specific facility is being recommended:

Critical Incident History of this Facility (list all critical incidents, child line complaints, licensing violations and results of investigations within the past 2 years):

Above information proved by (facility staff person name/title/date):

Facility distance from youth's family/home county:

Services to be provided by the facility that cannot be provided in the community (be specific):

Service: _____ Frequency: _____ Provider/Credentials: _____

Counseling & Treatment Services to be provided (be specific):

Type: _____ Frequency: _____ Duration: _____ Provider/Credentials: _____

Trauma Treatment youth will receive:

Type: _____ Frequency: _____ Duration: _____ Provider/Credentials: _____

Medications: None See attached See below (list medication name, dosage, purpose, side-effects)

Visitation Plan (address mother, father, siblings, kin, friends, etc...)

Name/Relationship	Frequency	Location	Transportation Assistance Needed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			If yes, how will transportation need be met?

Telephone Contact Plan:

Name/Relationship:

Frequency:

Duration:

Current Education Placement:

Grade Level:

- Public School in community**
- Public School on facility grounds**
- Non-public School on facility grounds**
- Youth has GED or HS Diploma**
- Vocational Program/Higher Education**
- Other (explain):**

Does child have an IEP or 504 Plan? If so, how will this plan be implemented in the placement setting?

Community Extra-Curricular activities in which youth will be involved (list specific activities not run by the provider, in which the youth will participate off campus grounds in each of the categories below...list activity and frequency):

Physical activities:

Social activities:

Arts

Other:

Special dietary needs of youth:

Other youth needs not addressed above (religious, cultural, language, etc.):

Discharge Plan (what needs to occur for youth to leave facility placement):

Recommended by:

Caseworker Name/Signature

Date

The above recommendation was reviewed and approved by:

CYS Agency Administrator/Designee

Date