# Permanency Conference Plan

Purpose: This form is used by FGDM and other staff to document the key points discussed in the meeting and the plan made at the Permanency Conference (PC).

Instructions for CPS Staff: Refer to Instructions for Completing Permanency Conference Plan, Form 0628ins for guidance and instructions regarding the completion of this form. Provide a copy to participants after completion of this form.

Instructions for Contractor: Refer to Instructions for Completing Permanency Conference Plan, Form 0628ins for guidance and instructions regarding the completion of this form. Provide a copy to

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| Section A: Conference information |
| Conference Date: | Start Time: | End Time: | Permanency Conference Type:**Choose an item.** |
| Case Name: | Case ID Number:  | Location of Meeting: |
| Parents' Names:  |
| Children's Names:  |
| Facilitator's Name:  | Caseworker's Name:  |

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| Section B: Conditions of Participation / Privacy Agreement |
| **By taking part in the Conference, I agree to these terms:**1. I will protect everyone's privacy in this case. I will not share information with anyone except Conference participants or staff of the agencies they represent.
2. Note: If any claims of abuse or neglect happen in the Conference, Texas law requires that they be reported to Child Protective Services (CPS).
3. I will give information if asked, and understand it will stay private.
4. Information given could be shared with other professionals to protect and care for the child(ren), including doctors, counselors, attorneys, court, caregivers, etc.
5. More terms agreed upon by all participants:
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| Section C: Conference Participants/Signatures |
| **Print Your Name** | **Relationship to Child/Youth or Family** | **Signature** |
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| Section D: Child Placement and Permanency Goal Details |
| **Child Name:** | **Placement Type:** | **Date Placed:** | **LOC:** | **Age:** | **Permanency Goal** | **Concurrent****Permanency Goal** |
|       | Choose an item. |       | Choose LOC. |    | Choose an item. | Choose an item. |
|       | Choose an item. |       | Choose LOC. |    | Choose an item. | Choose an item. |
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| Section E: Removal Information and Legal Status |
| **Date of Removal** (initial PC only):       | **Date of most recent entry into substitute care** (if different removal date):       |
| **Safety threats and concerns about diminished parental protective capacity that resulted in any past removals** (basis of removal):       |
| **Safety threats and concerns about diminished parental protective capacity that resulted in the current removal** (basis of removal):       |
| **Legal Status** **Enter "x" next to current legal status and enter the date of the legal status:**    **TMC:**         **Dismissal date:**         **PMC:**         **TPR:**      **Next hearing:**       **Type of hearing**:Choose an item.**Other court dates:**       |

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| **Section F: Child Well-Being** & **Permanency Status** |
| **Sibling addendums:** Enter "x" if there are two or more children   Child Well-Being and Permanency Status for other children is located in attached **Additional Child form(s)** |
| **Child:** | **Age:**  | **Is the child in an intended to be permanent placement?** Mark "x" next to yes or no.**Yes**    **No**    |
| **Needs/Concerns** (include educational, medical, mental health, behavioral, therapeutic, developmental, dental, vision, hearing needs, etc.)      |
| **Services received or needed** (ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs; include progress/barriers):      |
| **Connections** (identify individuals who are important to the child and what type of contact is allowed):      |
| **If child not in an intended permanent placement: Have all placement resources been explored?** (Relative search, symbolic/fictive kin relatives, absent parents, home study/ICPC)      |

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| **Section G: Family Service Plan** |
| **Family’s progress** (Identify the parents’ protective capacities. How are the tasks/services addressing safety threats? What is CPS doing to assist the family with the plan?)      |
| **Barriers to achieving family reunification** (Current safety threats that prevent the child(ren) from returning home safely)      |
| **Are there any tasks/services or court orders on the service plan that need to be modified?** (Mark "x" next to yes or no)**Yes    No****If yes, please describe:**       |
| **Frequency and quality of family visits** (including parent/child, sibling contact, contact with extended relatives, etc.):      |
| **Family resources to address identified needs/concerns:**       |

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| **Section H: Legal Permanency Barriers** |
| **Barriers to achieving a permanent placement which will result in positive legal permanency for each child:** (Identify all barriers to achieving a permanent home that will result in positive legal permanency. Positive legal permanency is achieved either through reunification, adoption, or transferring permanent managing conservatorship from DFPS to a relative or suitable individual)      |

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| **Section I: Strategies and Actions to Overcome Permanency Barriers** |
| **Next Steps/Action Items:** (Identify Strategies and Actions needed to achieve timely permanency, including any additional case related tasks) |
| **Strategy** | **Actions (the specific tasks planned)** | **Anticipated Barriers (if any)** | **Plan to Overcome Identified Barriers** | **Person Assigned** |
|       |       |       |       |       |
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| Section J: Signatures/Agreement to Participate in Permanency Conference Plan   |
| The signatures below indicate that I understand and agree with the outcome and plan developed by the participants of this Permanency Conference and agree to every term and condition stated herein. I further agree to accept, support, and participate in the identified services listed above. |
| Child's Parent or Legal Guardian:X | Date Signed:Click here to enter a date. |
| Child's Parent or Legal Guardian:X | Date Signed:Click here to enter a date. |
| Child's Parent or Legal Guardian:X | Date Signed:Click here to enter a date. |
| Child's Parent or Legal Guardian:X | Date Signed:Click here to enter a date. |
| **Other Participants** | **Relationship to Child/Youth or Family** | **Signature Date** |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |
| Other participant:X |       | Date Signed:Click here to enter a date. |

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| **Section K: Permanency Conference Timeline & Date of Next Permanency Conference** |
| **Next Permanency Conference (or other Permanency Planning Meeting) is due:**       |
| **Scheduled Date of next Permanency Conference** (If unknown, enter the name and contact information of the person responsible for scheduling the next permanency conference):      |

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| **Section L: Facilitator Information and Distribution of Completed document(s)** |
| **FACILITATOR NAME** (and agency name if facilitator works for contracted agency):       |
| **Facilitator: enter "x" next to the option that applies to this Permanency Conference**   All information regarding this conference is contained within this document.   Documents with additional information about this conference exist:* and are identified as:
* and include this number of pages:
* and are attached and provided to Signees and CPS (if Facilitator is contracted provider) **OR** to participants (if Facilitator is employed by DFPS)
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