

# PERMANENCY HEARING REPORT

PERMANENCY HEARING DATE CERTAIN:    /    /

<b>Judge / Referee</b>	<b>Court</b>	<b>Part</b>

**IN THE MATTER OF:**

Child's Name	Date of Birth	Sex	Person ID (PID)	Docket Number
	/ /			
	/ /			

DATE OF REPORT PREPARATION:    /    /

**All information must be current and represent an update of events and circumstances since removal or the previous Permanency Hearing**

<b>Case Name:</b>		<b>Law Guardian(s):</b>	
<b>CONNECTIONS Case ID:</b>		<b>Attorney for Parent(s) or Person(s) Legally Responsible:</b>	
<b>Local Case #:</b>		<b>Attorney for DSS/ACS:</b>	
<b>Case Manager &amp; Phone:</b>		<b>Caseworker &amp; Phone:</b>	
<b>Agency with Planning Responsibility:</b>		<b>Child Protective Worker/Monitor &amp; Phone:</b>	

**PARENTS AND PERSONS LEGALLY RESPONSIBLE**

Name	Relationship	Associated Child(ren)

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## SECTION I. PERMANENCY PLAN SUMMARY

Child's Name	Current Permanency Planning Goal (PPG)	PPG/Date Established	Anticipated PPG
	<input type="checkbox"/> Return to parent(s) <input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned permanent living arrangement with significant connection to an adult	/ / <hr style="width: 50px; margin: auto;"/>	<input type="checkbox"/> Return to parent(s) <input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned permanent living arrangement with significant connection to an adult
	<input type="checkbox"/> Return to parent(s) <input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned permanent living arrangement with significant connection to an adult	/ / <hr style="width: 50px; margin: auto;"/>	<input type="checkbox"/> Return to parent(s) <input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned permanent living arrangement with significant connection to an adult

**Date by which it is expected that the current or anticipated PPG will be accomplished:**

Child's Name	PPG Completion Date
	/ /
	/ /

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## SECTION II. PERMANENCY PLANNING

1. If there is a plan for continuing placement for any of the children, specify the child and describe the reason placement continues to be necessary and in accordance with the best interests and safety of the child, including whether the child would be at risk of abuse or neglect if returned to the parent or other person legally responsible .

2. If there is a plan for continuing placement for any of the children, describe the efforts made since removal or the last permanency hearing, if any, to locate any absent parent or relative(s) of the children and to notify each of them of the children's placement in foster care.

3. State whether the absent parent or relative expressed an interest in obtaining custody of or planning for any of the children, or whether any relative is interested in becoming a foster parent for any of the children. If interest has been expressed, what has been done to further any of these outcomes?

4. Describe the concurrent plan or any other permanency discharge resource being considered for each child, in the event that any of the children are unlikely to be able to return home.

5. If there is a plan for trial discharge in the next six months, specify the child, the anticipated date and explain why such discharge is safe and appropriate.

6. If there is a plan for final discharge in the next six months, specify the child, the anticipated date and explain why such discharge is safe and appropriate.

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7. If the permanency plan includes trial or final discharge from foster care, describe the Discharge Plan for the children.

**Describe Type of Living Arrangement :**

**Educational/Vocational Plan:**

**Health Coverage:**

**Follow-up Health/Mental Health Treatment Plan:**

**Other:**

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## SECTION III. REASONABLE EFFORTS TO FINALIZE PERMANENCY

8. Has there been a court determination that reasonable efforts to reunify the children with their parent(s) are not required?

Yes  No

If Yes, for both parents, skip Question 9. If No, for one or both parents, answer Question 9.

9. For each parent for whom the answer to Question 8 is "No" and who has not had his or her parental rights terminated or surrendered, describe the reasonable efforts that have been made since removal or the last permanency hearing to enable the children to return home safely. The question must be answered regardless of the children's permanency planning goal(s).

10. If the permanency planning goal is Adoption and the children are not completely legally free:

a. Describe the reasonable efforts to free the children, which shall include, but are not limited to, information regarding the potential for a surrender, whether any surrender is complete and, if so, whether it includes any terms or conditions; whether a Termination of Parental Rights proceeding has been filed and if so, when; whether any diligent search has been completed on an absent parent, including the methods and outcome.

b. Are the children placed in a pre-adoptive home? Yes  No

If no, describe efforts made to identify an adoptive resource.

c. What services are anticipated in the next six months?

11. If the permanency goal is Guardianship or Placement with a Fit and Willing Relative:

a. Describe reasonable efforts made and services provided to finalize this plan. Specify the name and relationship of the guardian or fit and willing relative.

b. What services are anticipated in the next six months?

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**12. If the permanency goal is Another Planned Permanent Living Arrangement:**

**a. Provide the compelling reason for determining that it would not be in the best interests of the children to be returned home, placed for adoption, placed with a legal guardian, or placed with a fit and willing relative.**

**b. Describe how this arrangement provides the children with a significant connection to an adult who is willing to be a permanency resource for the children. Specify the arrangement and the name of the adult, and describe reasonable efforts made and services provided to finalize this plan. If no adult has as yet been identified, describe efforts made to identify a permanency resource.**

**c. What services are anticipated in the next six months?**

**13. Is any child AWOL? Yes  No**

**If yes, identify the child(ren) and describe efforts to locate the child(ren).**

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### SECTION IV. CHILDREN'S PLACEMENT(S)

14.

Child's Name	Physical Removal Date	# of Changes in Placement Since Removal or Previous Permanency Hearing	Child Currently Placed
	/ /		<input type="checkbox"/> Foster Boarding Home <input type="checkbox"/> Non-relative <input type="checkbox"/> Relative <input type="checkbox"/> Congregate Care Facility <input type="checkbox"/> Relative (Direct Placement) <input type="checkbox"/> Other
	/ /		<input type="checkbox"/> Foster Boarding Home <input type="checkbox"/> Non-relative <input type="checkbox"/> Relative <input type="checkbox"/> Congregate Care Facility <input type="checkbox"/> Relative (Direct Placement) <input type="checkbox"/> Other

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15. Provide current information regarding the placement of *each child* including: the name of the person(s) with whom each child is placed, if applicable; changes in the placement setting; protecting factors in the current home/facility that support the children's safety; and how this setting supports the least restrictive, most appropriate placement that addresses the needs of the children.

16. Is any child placed out of state? Yes  No

If Yes, explain why it is appropriate, necessary and in the best interests of the child?

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## SECTION V. PARENT STATUS AND SERVICES PROVIDED

### 17. For parent(s) or legally responsible person(s):

a. Describe services offered and/or provided to each parent/person legally responsible since removal or the last permanency hearing.

b. Describe the efforts made by each parent/person legally responsible to engage in the services, the progress made towards reunification, and any other efforts made by each parent/person legally responsible to achieve the permanency plan.

c. Describe any barriers to service provision.

d. Describe any additional services anticipated in the next six months.

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## SECTION VI. VISITING

18. Describe the current visiting plan, including whom *each child* is visiting (including parents, siblings, grandparents, permanency resources, etc.), and the frequency, duration and quality of visits.

Describe any anticipated modifications to the visiting plan in the next six months, and the reasons therefore.

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## SECTION VII. SERVICES PROVIDED TO CHILDREN

19. Describe all services offered and/or provided to *each child* since removal or the last permanency hearing and the outcomes or progress *each child* has made.

Child's Name	

Describe any additional services for *each child* anticipated in the next six months.

Child's Name	

20. If any child is age 14 or older, describe the Independent Living Skills Services provided to *each child* since removal or the last permanency hearing and the skills attained.

Child's Name	

Describe any additional Independent Living Skills Services anticipated for *each child* in the next six months.

Child's Name	

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## SECTION VIII. CHILDREN'S HEALTH AND WELL- BEING

21. If applicable, note the following for *each child*:

Significant Chronic Conditions: None

Child's Name	

Significant Developmental Delay: None

Child's Name	

Mental Health Diagnoses: None

Child's Name	

Serious Injuries/Hospitalization: None

Child's Name	

Current Medication: None

Child's Name	

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22. Describe any other significant information about the children's current health and well-being not included above.

Child's Name	Date of Last Physical	Date of Last Mental Health Appointment, if applicable	Date of Last Dental Appointment	Date of Last Vision Screening	Date of Last Hearing Screening	Immunizations Up-To-Date
	/ /	/ /	/ /	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ /	/ /	/ /	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

23. Describe any follow-up treatment or recommendations for any of the children, as a result of the above appointments/screenings.

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## SECTION IX. CHILDREN'S EDUCATION

24. Provide information on *each child's* current grade level or program, academic progress and achievements, and any other relevant educational information.

Child's Name	

25. Describe the steps the agency will take during the next six months to enable prompt delivery of appropriate educational and/or vocational services to *each child* in their current placement or in any proposed placement, if applicable or while on trial or at final discharge.

Child's Name	

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26. Complete the sections appropriate to the age-level and educational status of the child.

a. If any child is under age 3, identify the child and check which, if any, of the following criteria the child meets:

<b>Child's Name</b>	
	<input type="checkbox"/> involved in an indicated case of child abuse or maltreatment <input type="checkbox"/> suspected to have a disability <input type="checkbox"/> has been found eligible for Early Intervention Services (EI) prior to or during foster care

If one or more criteria are met, check the appropriate boxes.

Child's Name	Referred for EI	Referral Date	Receiving Services	Not Eligible
	<input type="checkbox"/>	<input type="checkbox"/> / /	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> / /	<input type="checkbox"/>	<input type="checkbox"/>

Describe the steps taken to refer the child to Early Intervention Services, the status of the referral and any services the child is receiving. If any child listed above has not yet been referred, explain why.

<b>Child's Name</b>	

b. If any child is eligible for Pre-Kindergarten (turns age 4 before December 1<sup>st</sup>), check the appropriate boxes.

Child's Name	Pre-K Not Available	Pre-K Available	Not Enrolled	Enrolled
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Pre-kindergarten is available and the child is NOT enrolled, describe steps taken to enroll the child.

<b>Child's Name</b>	

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- c. If any child is age three or older and is suspected of having a disability or has been found eligible for Special Education prior to or during foster care, describe the status of the referral, the Individualized Education Program (IEP) related recommendations and services provided by the school.

Child's Name	

- d. If any child is school age (ages 6-16/17, depending on locality) or elects to participate in a program leading to a high school diploma, describe the steps taken to enroll the child in a program or continue in a program leading to a high school diploma.

Child's Name	

- e. If any child is over age 16/17 (depending on locality), and the child has elected not to participate in a high school diploma program, describe the steps taken to assist the child to become employed and/or to become enrolled in an appropriate vocational program.

Child's Name	

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## VERIFICATION

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_

\_\_\_\_\_, BEING DULY SWORN, DEPOSES AND SAYS:

that I am employed at \_\_\_\_\_, as a caseworker;

that I have (written read) the foregoing permanency report and know the contents thereof;

that the information is true and complete to my own knowledge, or believed to be true based upon information derived from official records and/or reports kept in the regular course of business by this social services district or voluntary authorized agency directly involved in assessment and/or service provision to the individuals that are the subject(s) of this report;

that this report is a true and complete copy of the report that was mailed to the parties 14 days prior to the date certain of the permanency hearing.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commissioner of Deeds