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| Individual Permanency Service Plan (IPSP)The Individual Permanency Service Plan (IPSP) was developed to better structure the supervisory period from a child’s pre-placement with a resource family to permanency with that family. This period can range from as little as three months to over a year. Resource parents should help develop, review and complete this document. The IPSP sets the foundation for and can be used as the family’s post-permanency plan. Placement meetings often identify concerns that need to be addressed but leave unclear what should occur during the pre-placement, supervisory and post-permanency periods. The IPSP provides both the structure required to start the child's journey on solid footing by identifying needs, and more importantly, the how, by who, where and when those needs will be met. The IPSP also helps to identify and manage post–permanency needs and applies to resource parents from pre-placement through post-permanency. This plan outlines a child's treatment or clinical needs, the tasks required to bring the placement to permanency, details the safety assessment/child safety plan and the legal tasks that need to be completed. The IPSP assigns responsibilities and dates for completing tasks and so helps identify barriers and roadblocks and ways to overcome them. Ultimately, proper use of this plan is one more effort towards preventing disruption.This plan should be completed within the context of the family unit and not focus solely on the placed child. In order to successfully move to finalization, the needs of the family as well as that of the child must be considered and supported throughout the supervisory period. Often the needs of the child will be met by working with the family’s attitudes, behaviors and beliefs. |
| **I. Child and Family Fact Sheet** |
| **Child’s Name** | **Gender**[ ]  Male [ ]  Female | **Date of Birth** | **Race**  |
| **Child’s County Worker** | **County** | **Phone**() |
| **Child’s Affiliate Worker** | **Affiliate** | **Phone**() |
| **Initial Referral to Foster Care Date** | **Permanency Placement Date** | **TPR Date (if applicable)** |
| **Resource Family’s Name** | **Race**  |
| **Address** | **Phone**() |
| **Family’s Affiliate Worker** | **Affiliate** | **Phone**() |
| **First Name of Child’s Birth Siblings** | **Gender** | **Age** | **City and State Where Sibling Lives** |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |
| **First Name of Child’s Birth Parents** **(if known)** | **Gender** | **Age** | **City and State Where Birth Parent Lives** |
|  | [ ]  Male [ ]  Female |  |  |
|  | [ ]  Male [ ]  Female |  |  |

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| **Describe current visitation plan child has with birth siblings, parents, extended family and significant others** |
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| **Today’s Meeting Date** | **Initial IPSP Meeting Date** | **Previous Meeting Dates** |
| **Attendees at Today’s Meeting** |
| **II. PRE-PLACEMENT VISIT PLAN** |
| Note: Home Safety Checklist must be completed before the first visit in the resource family’s home. Child Safety Assessment / Safety Plan must be completed every six months, and Child Safety Assessment / Safety Plan Update must be completed at each visit.List person(s) responsible for connecting with the child, the resource family the child visited, current resource family and other pertinent permanency team members. Document how the visit went, concerns or issues that need to be addressed and by whom and how they will be addressed. |
|  **Date of Visit**  |  **Type and Location of Visit** | **Follow Up to Visit (Outcome, Tasks and Person(s) Responsible)**  |
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| **III. PLACEMENT** |
|  List activities planned to assure child’s smooth transition to placement. Examples: all child’s belongings, medications, school records, social security card, etc are transferred; child profiles and other documents are given to parents; subsidy and placement agreements are completed; discussion with resource family about ongoing contact with birth parents, sibling, extended family, significant others and previous resource parents. Add pages if necessary  |
|  **Planned Activity** | **Person(s) Responsible**  | **Target Date**  | **Completion Date** |
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| **IV. MEDICAL INFORMATION** |
| List medical information and concerns for this child, including medical diagnoses, needed medications, special medical providers, special dietary needs, medical equipment needed, limitations of physical activity, medical training needed by family, medical insurance coverage needed and in place, etc. Once identified, complete chart describing activities that must be implemented. Strategize with the family and then list approaches they can use to manage the needs of the whole family if there are medical needs for any household member. |
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| **Last Physical Examination (Date)** | **Last Dental Examination (Date)**  |
| **Next Medical Appointments and Appointments to Be Scheduled** |
| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **V. PSYCHOLOGICAL / EMOTIONAL** |
| List psychological and emotional concerns for this child, including mental health diagnoses, psychotropic medications, types of mental health services needed, issues being addressed or that need addressed by mental health service providers, medical insurance coverage needed and in place. Once identified, complete chart and describe activities to be implemented. Within this section, address the core issues (grief, abandonment, control, identity, loyalty, attachment, shame). Discuss how any of these issues are impacting family life and movement toward finalization. Strategize with the family and then list activities, education and approaches the family can use to assist the child and maintain their own commitment. |
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| **Last Psychological / Psychiatric Evaluation Date** | **Next Mental Health Appointment / Appointments to be Scheduled** |
| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **VI. BEHAVIORAL** |
| List behavioral concerns for this child, including behaviors exhibited, behavioral management plan, behavioral management training needed by the family, etc. Once identified, complete chart and describe activities to be implemented.Consider behavioral interactions between the child and all household and extended family members. Strategize with the family and then list agreed upon interventions they can try. In addition to specific unwanted behaviors, situations to address could include contentious sibling interactions or strained relationships with extended family members. Keep in mind that interventions would not always necessarily focus only on the child, but may include training or coaching of other family members. |
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| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **VII. DEVELOPMENTAL / EDUCATIONAL** |
| List developmental and educational concerns for this child, including developmental and educational diagnoses, IEP needs, developmental and educational services the child is receiving and those needed, and the developmental and educational training needs for the family. Once identified, complete chart describing activities that must be implemented. Consider other school-related situations, such as homework problems, getting ready for school in the morning, problems on the bus or issues with siblings who go to the same school |
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| **Last IEP Date** | **Next IEP Due Date** |
| **Last Developmental Evaluation** | **Next Developmental Evaluation Date** |
| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **VIII. SAFETY** |
| List safety concerns for this child, including physical and emotional safety needs, home improvement needs to assure child’s safety, safety training needs for the family. Additionally, consider the physical and emotional safety needs of each household member in relation to having the child in the home. Once identified, complete chart describing activities that must be implemented. **Note: Attach copy of Child Safety Plan / Safety Assessment.** |
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| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **IX. FINALIZATION** |
| Complete chart of planned activities that must be completed for the child’s finalization, including legal tasks, filing of intent to adopt petition, family agreement, signed subsidy, schedule of supervisory visits, TPR, list of documents given to parents, etc. Add pages if necessary.  |
| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **X. POST-PERMANENCY PLAN** |
| Plan for potential Post-Permanency needs. Complete chart of planned activities to ensure the family will remain intact after finalization or the child’s discharge from care, including therapeutic/education services in place; discussion of ongoing contact between resource family and birth parents, siblings and extended family; significant others and previous resource parents; resource family is aware of post-permanency services provides in their community, etc. This section of the IPSP must be completed or updated within 30 days before finalization. |
| **Planned Activity** | **Person(s) Responsible** | **Target Date** | **Completion Date** |
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| **Date of Next IPSP Meeting** |  |

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| **Signatures** | **Date** |
| **Child (if appropriate)** |  |  |
| **Resource Parent** |  |  |
| **Resource Parent** |  |  |
| **County Caseworker** |  |  |
| **Family’s Permanency Worker** |  |  |
| **Other** |  |  |
| **Other** |  |  |
| **Other** |  |  |
| **Other** |  |  |