**Permanency Conference Plan-Additional Child**  

**Child Protective Services - Purchased Client Services**

**Purpose**: This form is used by FGDM staff during a Permanency Conferences with families that have multiple children.

**Directions**: After completion, this form must be attached to the back of the completed Permanency Conference Plan (form 0628) and must be identified in Section L of the completed Permanency Conference Plan.

**Staff:** Refer to Form 0628ins, **Instructions for Completing Permanency Conference Plan** for directions, instructions, and help regarding this form

|  |  |  |
| --- | --- | --- |
| **Section F: Child Well-Being** & **Permanency Status** | | |
| **Child Name:** | **Age:** | **Is the child in an Intended to be permanent placement?**  **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) | | |