

Minnesota Department of Human Services
Out of Home Placement Plan
Safety and Permanency
(CW-TCM Plan)

Name:	Age:
Plan Start Date: / /	Date of Birth: / /
ICWA:	Plan Will Be Reviewed: / /

Independent Living Plan is completed and attached for foster youth age 14 and older. Yes No NA

Parent or Legal Guardian

Parent's Name	Relationship to Child
Address	
Parent's Name	<input type="checkbox"/> Legal parent <input type="checkbox"/> Legal custodian <input type="checkbox"/> Indian custodian
Address	
Parent's Name	<input type="checkbox"/> Legal parent <input type="checkbox"/> Legal custodian <input type="checkbox"/> Indian custodian
Address	
Parent's Name	<input type="checkbox"/> Legal parent <input type="checkbox"/> Legal custodian <input type="checkbox"/> Indian custodian
Address	
Parent's Name	<input type="checkbox"/> Legal parent <input type="checkbox"/> Legal custodian <input type="checkbox"/> Indian custodian
Address	

Placement authority:

- Court order
- Voluntary

Current placement:

(Select one)

- Foster family home – relative
- Foster family home - non-relative
- Foster home – corporate/shift staff
- Group home
- Residential treatment center
- Supervised independent living
- Pre-Adoptive home - relative
- Pre-Adoptive home - non relative
- Unauthorized absence
- Juvenile correctional facility (non-secure, 12 or fewer children)
- Juvenile correctional facility (non-secure, 13 or more children)
- Correctional facility (locked)
- Child’s reunification home
- ICF-DD
- Hospital
- Other:

SOCIAL WORKER	met with	Parent: Parent:	DATE / /
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to jointly make this plan. In the development of this plan, SOCIAL WORKER

consulted with:	<ul style="list-style-type: none"><input type="checkbox"/> Guardian ad litem<input type="checkbox"/> Foster Parent<input type="checkbox"/> Representative of the residential facility<input type="checkbox"/> Tribal representative<input type="checkbox"/> Child<input type="checkbox"/> Other:
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Youth 14 and older included these individuals in the case planning team:

Case planning team member designated to advocate for the application of the prudent parent standard:

Family Needs

What are the safety concerns that make it unable for the child to be at home?

Family strengths that will support the plan and permanency goal:

Family needs: Assessment tools identify family needs to include:

(Select as many as apply)

- Basic needs (food, clothing, shelter etc.)
- Housing
- Parenting skills
- Counseling/therapy
- Childcare
- Transportation
- Medical/dental care
- Domestic violence
- Employment
- Adult vocational training
- Homemaker/home management
- Mental Health
- Chemical health
- Other:

DESCRIBE

Parent Services Detail

What does the parent need to accomplish or demonstrate for the child to return home?

How will these services help the parent provide a safe home for the child?

What is the time frame for the services?

Services for Parent

List the services for the parents and other caregivers, and identify the provider of the services:

(Select as many as apply)

Services	Provider
<input type="checkbox"/> Basic needs (food, clothing, shelter etc.)	
<input type="checkbox"/> Emergency shelter	
<input type="checkbox"/> Help with rent/house payments	
<input type="checkbox"/> Housing services	
<input type="checkbox"/> Emergency food	
<input type="checkbox"/> Energy assistance application	
<input type="checkbox"/> Parenting education	
<input type="checkbox"/> Counseling/therapy	
<input type="checkbox"/> Child development services	
<input type="checkbox"/> Child care services	
<input type="checkbox"/> Mental health assessment	
<input type="checkbox"/> Mental health services	
<input type="checkbox"/> Chemical health assessment	
<input type="checkbox"/> Chemical health services	
<input type="checkbox"/> Recreational services	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Domestic violence services	

Services	Provider
<input type="checkbox"/> Employment services	
<input type="checkbox"/> Legal services	
<input type="checkbox"/> Respite services	
<input type="checkbox"/> Family Group Decision Making	
<input type="checkbox"/> TANF/SSI and/or food support referral	
<input type="checkbox"/> Adult vocational training/educational services	
<input type="checkbox"/> Medical/dental care	
<input type="checkbox"/> Homemaker/home management services	
<input type="checkbox"/> Other Services Provided	
<input type="checkbox"/> Further Explanation of Reasonable/Active Efforts	

Sibling Detail

(This section would be added to the plan and services for siblings separated in placement.)

- Child is an only child
- Siblings are not in placement
- Siblings are in placement

Siblings were separated on:

/ /

Describe the agency's efforts to place the siblings in the same home for foster care, adoption, or transfer of permanent legal and physical custody to a relative:

Document why joint placement would be contrary to the safety or well-being of any of the siblings:

(Select one)

- Children are not safe together
- Reasonable efforts to recruit a home for the siblings together have not been successful
- Relatives willing to care for siblings in separate groups
- One or more of the siblings are under the commissioner's guardianship through the court's acceptance of a Consent Of Parent to Adoption pursuant to Minnesota Statutes, section 260C

Describe:

Permanency Plan

Length of time in foster care:

Statewide cumulative placement:

Days in current continuous placement:

Reasonable efforts to prevent placement:

Primary Permanency Plan:

Plan A:

Date to be achieved:

Concurrent Permanency Plan

Plan B:

Date to be achieved:

Plan to ensure the child's well-being will be reviewed on:

Describe the steps the agency is taking to determine the permanency plan for the child, when they cannot return to the care of either parent. Include the agency efforts to consider adoption as the permanency plan:

Transfer of Permanent Legal and Physical Custody

Describe the reasons why permanent placement with a fit, willing and suitable relative is in the child's best interest:

Describe how the child demonstrates a strong attachment to the relative(s) and how the relative(s) demonstrate a strong commitment to caring permanently for the child:

List the agency's efforts to discuss adoption as a permanent option with the relative(s):

- Adoption was discussed with the relative(s) on: / /
- Agency staff gave the relative(s) a copy of the Minnesota Paths to Permanency brochure.
- Agency will provide the relative(s) with information about adoption.

Describe additional agency efforts and the reasons the relative(s) prefers this permanency option instead of adoption:

Did the agency discuss with the child's parent the possible permanent transfer of physical and legal custody to a relative including Northstar Kinship Assistance? Yes No

If no, describe the reasons these efforts were not made or the plan to talk with the parent:

Is Northstar Kinship Assistance in the child's best interest? Yes No

Describe the reasons why Northstar Kinship Assistance is in the child's best interest or is not:

Plan to ensure the child’s well-being will be reviewed on:

/ /

Child Functioning and Behaviors

Child's Needs and Strengths

An individual plan for placement:

Select the needs and strengths, and assess how the selected foster home, pre-adoptive parent or facility attends to the child's/youth's individual needs. Select as many as apply under each category. Provide a specific description of the child's individual needs and strengths for each item selected.

Child's/youth's current functioning and behaviors:

- Displays age-appropriate behavior most of the time and requires supervision that is consistent with the child's age.
- Demonstrates problem behavior at home and/or in the community
- Requires intensive structure and supervision that is atypical for the child's age
- Can perform daily care needs at age-appropriate level
- Requires assistance with daily care needs that is atypical for the child's age
- Displays age-appropriate emotional coping skills
- Displays difficulty in coping with stress and emotions that is atypical for the child's age

Specifically describe the child's/youth's current functioning and behaviors including information about the selected areas of needs and strengths:

To meet the child's current functioning and behaviors, the caregiver:

- Attends specialized training that addresses the child's specific disabilities or special needs
- Accepts/addresses the child's behavior and functioning
- Teaches the child to learn daily care needs to the extent of the child's ability and can provide for those needs that the child is incapable of performing
- Assists the child to learn effective coping skills and problem-solving strategies, and helps the child stabilize emotions
- Demonstrates patience to give the child adequate time to develop a trusting relationship
- Provides supervision and structure in the home/facility that is the least restrictive and consistent with the child's chronological age
- Provides increased supervision and structure in the home/facility that is atypical for the child's age in order to meet the child's needs

Specifically describe the caretaker's actions to learn about the child's/youth's behaviors and current functioning, and the care provided in the home or facility that meets their individual needs:

Medical Needs

Child's/youth's current medical and mental health needs:

- Is in good physical health and requires only routine medical and dental care
- Has physical health needs that require frequent medical appointments
- Has a chronic physical health condition or illness that requires medical care in the home
- Screening identified no need for mental health services
- Has mental health needs that require special intervention and/or professional therapy
- Has no known allergies
- Has allergies

Allergies or medical problems:

Other health considerations:

Special dental needs:

Specifically describe the child's/youth's medical and mental health needs including information about the selected areas of health needs, the frequency of medical care or required interventions:

To meet the child's/youth's current medical needs, the caregiver:

- Ensures that the child gets routine medical and dental care, including immunizations
- Adapts their home for a child's medical needs
- Ensures that the child receives the specialized medical or dental care required to address the child's health condition
- Ensures that the child receives mental health services to meet identified needs

Specifically describe how the caregiver meets the child's/youth's physical and mental health needs:

Educational Needs

Child's/youth's educational needs:

- Is a preschool-age child who needs an early childhood screening
- Is a preschool-age child who had an early childhood screening
- Is enrolled in school. Current school:

- Has educational needs that require an Individual Education Plan, 504 plan, or other educational plan to address special education needs
- Has educational needs that require an alternative educational setting
- Is attending post-secondary education
- Changed school due to this placement

Specifically describe the child's/youth's educational needs and strengths including information about the education strengths, attendance, accomplishments and support services or education setting required:

To meet the child's/youth's educational needs, the caregiver:

- Actively participates in the child's routine education, including communicating with school, assisting with homework, and attending parent-teacher conferences as needed
- Supports the child's special educational needs, including participating in planning meetings to assess and review the child's special educational goals
- Supports the youth's post-secondary education needs, including assisting as needed with tasks such as arranging transportation, applying for financial aid and filling out post-secondary applications

Specifically describe the educational supports provided by the caregiver that meets the child's/youth's individual education needs:

Developmental Needs

Child's/youth's developmental needs:

- Is at age-appropriate developmental level
- Has developmental skills that are above expectations for chronological age
- Has developmental delays

Specifically describe the child's/youth's developmental needs and strengths:

To meet the child's/youth's current developmental needs, the caretaker:

- Accepts/addresses the child's developmental delays
- Provides care and a home environment that is age and developmentally appropriate to promote healthy child development and growth
- Assists youth to develop independent living skills at home and in the community

Specifically describe how the caregiver promotes the child's/youth's development in the home or facility:

History and Past Experiences

Child's/youth's history and past experiences:

- Has experienced abuse, neglect and/or prenatal exposure to drugs and/or alcohol
- Has experienced multiple placements while in foster care or pre-adoption placement disruption(s)
- Has re-entered foster care after reunification
- Has re-entered foster care after adoption (adoption dissolution) or after a transfer of permanent legal and physical custody to a relative

Specifically describe the child's/youth's history and past experiences, including the number of foster care placements and re-entries:

To honor the child's/youth's history and acknowledge past experiences, the caregiver:

- Has been informed about significant relationships and events in the child's past, including abuse and/or neglect history, as well as positive experiences
- Has received training about the effects of trauma, grief and loss
- Assists the child to deal with his/her past
- Understands how the child's past experiences may have life-long implications

Specifically describe how the caregiver helps the child/youth cope with and work out their past issues:

Religion and Culture

Child's/youth's religious and cultural needs:

- Preference by parent that the child be involved in a specific religious denomination
- Has regularly attended services and/or participated in spiritual rites/rituals of a specific religious denomination
- Has not regularly attended services of a spiritual community
- Speaks, writes, and understands a language other than English
- Has hair and/or skin care needs that require specific care instructions
- Has regularly participated in holidays, celebrations and traditions that need to continue
- Follows a culturally-specific diet

Specifically describe the child's/youth's religious and cultural experiences, including information about the selected areas of needs and strengths:

To meet the child's/youth's religious and cultural needs, the caregiver:

- Has a religious background similar to the child
- Supports the child to attend services and/or participate in spiritual rites/rituals
- Supports the child's decision to not attend religious services and/or participate in spiritual rites/rituals
- Is able to communicate in the child's primary language
- Ensures the child's unique hair and/or skin care needs are met
- Supports the child's participation in the holidays, celebrations and traditions that are important to the child
- Provides for the child's culturally-specific diet

Specifically describe how the caregiver meets the child's/youth's religious and cultural needs:

Community Connections

Child's/youth's connections with a community, school and faith community:

- Has significant connections to a community and/or school, and those connections need to be preserved
- Participates in services at a place of worship and is integrated into that particular faith community
- Identifies as LGBTQ (Lesbian, Gay, Bisexual, Transgender or Questioning) and has or wants to develop connections with the LGBTQ community

Specifically describe how the child/youth is a part of the community, school or faith community:

To preserve the child's/youth's connections with a community, school and faith community, the caregiver:

- Supports the child's connections to people and places important to the child
- Encourages and facilitates the child's participation in activities through the school and/or community
- Preserves education stability because the child is attending the same classroom or school program
- Makes efforts to maintain the child's connections to previous community, school and faith community
- Respects and supports the youth's sexual orientation and/or gender and connection to the LGBTQ community

Specifically describe the caregiver's efforts to preserve the child's/youth's connections:

Interests and Talents

Child's/youth's interests and talents:

- Has the opportunity to engage in age appropriate activities
- Participates in sports, recreational activities or hobbies
- Has a preferred activity for free time

List the age appropriate or developmentally appropriate activities the child/youth is interested in, specify the extracurricular, social, community or cultural activities that promote their individual interests and talents, and if the child is participating in these activities:

Specify parents' (or legal custodian's) engagement in the child's/youth's participation in extracurricular, social, community and cultural activities including documenting parents' or legal custodian's involvement or concerns:

To continue and encourage the child's/youth's interests and talents, the caregiver:

- Supports the development of the child's interests and talents
- Applies the Reasonable and Prudent Parent Standard to permit the child's/youths participation in extracurricular, social, community and cultural activities typical for the child's age and are developmentally appropriate

Specifically describe how the caregiver supports activities that meet child's/youth's interests, builds skills, and highlights talents:

Preserving Relationships

Child's/youth's relationships to current caretakers, parents, siblings, pre-adoptive parents and relatives:

- Has a positive relationship with their current foster care provider
- Has a relationship with a birth parent, where continuing contact is needed
- Has one or more siblings living in the same home
- Has one or more siblings living in a separate home, where continuing contact is needed
- Has one or more siblings living in a separate home, but it has been assessed that contact or visitation is not in the child's/youth's best interest
- Has a relationship with a birth relative, previous caregiver, kin or other important person where continuing contact is needed

Identify the child's/youth's important relationship that will be included in the visitation plan:

To preserve the child's relationships to current caretakers, parents, siblings and relatives, the caregiver:

- Lives in close proximity to the child's reunification home
- Is willing to mentor the child's parents to support reunification
- Is willing to help with visitation to preserve relationships
- Is willing to care for the child and his/her siblings
- Is open to contact with birth family and other people important to the child

Specifically describe how the provider supports contact with the birth family and other people important to the child/youth:

Additional Needs

Additional needs of the child/youth:

Services

List the services for the child/youth and identify the provider of the services:

(Select as many as apply)

Services	Provider
<input type="checkbox"/> Agency visits child monthly	
<input type="checkbox"/> Child development assessment	
<input type="checkbox"/> Child development services	
<input type="checkbox"/> Developmental disabilities case management services	
<input type="checkbox"/> Waiver services	
<input type="checkbox"/> Child mental health assessment	
<input type="checkbox"/> Child mental health case management services	
<input type="checkbox"/> Counseling/Therapy	
<input type="checkbox"/> Child care services	
<input type="checkbox"/> Chemical health assessment	
<input type="checkbox"/> Chemical health services	
<input type="checkbox"/> Family Group Decision Making	
<input type="checkbox"/> Employment services	
<input type="checkbox"/> Vocational training/educational services	
<input type="checkbox"/> Independent living services	
<input type="checkbox"/> Recreational services	
<input type="checkbox"/> Other Services Provided:	

Youth age 18 to 21

- Youth is age 18 to 21 and the agency assessed that placement in a supervised independent living setting is in the youth's best interest. The independent living plan that is attached to the out of home placement plan specifically describes the services, support system and youth's responsibilities to maintain this living arrangement

Child/Youth Preferences

Child's/youth's reasonable preference for placement, if the court deems the child/youth to be of sufficient age to express preferences:

- Child is not of sufficient age to express preference
- Child is of sufficient age to express preference, but has not identified anyone
- Child has identified a person with whom the child would like to be placed and the agency is in the process of assessing that person
- Child has identified a person with whom the child would like to be placed, but the agency has determined that the person identified is not a safe and/or appropriate placement resource
- Child is placed in the home or facility of their preference

Specify who the child/youth has identified and progress toward assessing this person for the child's/youth's placement:

Specify any child/youth input into the placement decision:

Placement Stability

What services and commitments are in place to support placement stability for the child until permanency is achieved?

(Select as many as apply)

- Agency has assessed foster parent's need for support services
- Foster parent understands the importance of placement stability and adapts their parenting style and family routine to meet the child's needs
- Agency staff is making monthly contact with the foster parent to support placement stability
- Foster parent is receiving monthly foster care payment to support the child's basic needs and supplemental needs
- Agency will provide the foster parent with a copy of the completed out-of-home placement plan
- Agency has provided Family Group Decision Making services to develop a support plan for the foster parent
- Agency has provided foster parent with the phone number of an after-hours contact in case of an emergency
- Foster parent is connected with a mentor
- Agency has arranged respite care for the foster parent
- Agency is providing in-home therapy or behavioral professionals to consult with the foster parent
- Agency is providing the foster parent with services to help them parent a child with challenging behaviors
- Agency is helping the foster parent with transportation
- Child is receiving individual waived services in the home to care for a child with disabilities
- Child is receiving personal care attendant (PCA) services to help with the daily needs of the child
- A crisis plan has been developed with the foster parent that identifies crisis providers or services available after-hours and on weekends
- Agency has arranged specific training for the foster parent
- Agency provides a support group and foster parent is notified of the meetings or parent is referred to another agency's support group
- Agency has helped the foster family find child care for the foster family
- Child is placed with a relative that is willing to adopt or accept a transfer of legal and physical custody if the child cannot be reunified with their parent(s)
- Foster parent is willing to be the child's legal parent if the child cannot be reunified with parent(s)
- Other:

DESCRIBE

Health Care Providers

Child's health care providers

Medical Providers		
Clinic / Physician / Field	Address	Phone

Dental Providers		
Clinic / Physician / Field	Address	Phone

Mental Health Providers		
Clinic / Physician / Field	Address	Phone

Healthcare Information

Immunization

Yes No

- Agency has a copy of the child's immunization record?
 Child's immunization record was provided to the foster parent or facility?

Medication

- Yes No Does the child need routine medications?
 Yes No Did the agency provide the foster parent or facility with information about the child's prescribed medication?
 Yes No Is the child prescribed psychotropic medication?

If yes, how many psychotropic medications is the child taking concurrently

- 1
 2
 3
 4
 more

Summarize the plan to ensure oversight of prescription medication for mental or behavioral health issues, including ensuring a foster child is seen regularly by a physician and regular follow up with the foster parents/caregivers and foster child about administering medication appropriately and the child's experience (possible side effects) with the medication.

Medical Responsibilities

Expected roles and responsibilities for the child's/youth's medical care while in placement:

Parent/Guardian 1:

Parent/Guardian 2:

Foster Parent/Facility:

Social Worker:

Other:

	Parent 1	Parent 2	Foster P / F	Social Worker	Other
Responsible to/for:					
consent to treatment and medication for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oversight of the child's medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fill the child's prescription(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
coordinate, respond and monitor the child's daily health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
report a change in the child's health needs or condition to the parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
report a change in the child's health needs or condition to the social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure the child receives medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transport the child to appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attend child's medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ensure the child's medical insurance or medical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maintain the child's medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No role and responsibility for the child's medical care while in placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Education Detail

Child's Well-being: Education

Yes No

- Is the child enrolled in school?

Current School:

Current Grade:

- A school-age child is incapable of attending school on a full-time basis due to their medical condition, document the plan for the child's education:

The child not attending school on a full time basis is receiving instruction:

- At the foster home or facility
 In an independent study elementary or secondary program
 Other, describe:

- Does the child have an Individual Education Plan?
 Did the agency consider the proximity of placement to the school the child was attending at the time of removal?

If the child changed schools due to this placement, list the agency efforts to find a placement in the child's school district or arrange transportation to the school the child attended:

If the child changed schools due to this placement, list the agency efforts to ensure the new school received the child's educational records:

If yes, list the agency efforts to ensure immediate enrollment in the new school:

Visitation

Visitation Limits

- Court approved, no parental visitation
- Court approved, no sibling visitation
- Relative visitation is not in the child's best interest

Face to Face Visits

Who will visit the child:

Visitor	Frequency	Supervisor	Location

Transportation details:

Final Issues

Describe services or concerns the parent/legal guardian, foster parent/facility or child/youth could not agree on:

Youth's Rights (Age 14 and older)

I was provided with the following rights and my questions were answered:

Education

- To receive an appropriate education which will maximize your potential and includes the opportunity to participate in extracurricular activities
- To stay in your home school if appropriate
- To receive supports and services to participate in school
- To receive information regarding educational opportunities available, including but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid of postsecondary education

Health

- To see a doctor, dentist, eye doctor, or talk to a counselor (mental or chemical health) if you need to

Visitation

- To visit and contact family members as much as possible, unless a judge says you cannot

Court participation

- To go to court and talk to the judge
- To receive notices of court hearings
- To contact your attorney and/or guardian ad litem

Documents

- To receive a social security card, birth certificate, state identification or driver's license, tribal enrollment identification card, contact information for siblings in foster care, contact list of health providers, medical and educational records, and immigration documentation if leaving foster care after age 18

Receive an annual credit report

- To obtain a free copy and to receive help in understanding the report and correcting things that are wrong

Stay safe

- To live in a safe and nurturing environment
- To be protected from predators so that you can live a safe, happy, and successful life.

Youth signature: _____

Signature	Date	This plan was explained to me		I received a copy of this plan	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency’s ADA Coordinator.

Required to sign the out-of-home placement plan: the parent or parents or guardian of the child, the child’s guardian ad litem, a representative of the child’s tribe, the responsible social services agency and if possible, the child. [Minnesota Statutes, section 260C.212, subdivision 1(b)]