

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

County: Case Number:

Case Name:		Agency Worker Name: Phone number & Email:	
		Agency Supervisor Name: Phone number & Email:	

I. Family Demographics	Name:	DOB:	Age:	Date of Custody/ 1 st out-of-home placement:
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				
Child/Youth:				

Mother of:		Age:	
Address		Phone:	Email:
Attorney for Mother		Phone:	Email:
Mother of:		Age:	
Address		Phone:	Email:
Attorney for Mother		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Father of:		Age:	
Address		Phone:	Email:
Attorney for Father		Phone:	Email:
Other Caregiver		Age:	
Address		Phone:	Email:
Other Caregiver		Age:	
Address		Phone:	Email:
Guardian ad litem		Phone:	Email:

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II. (a) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

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II. (b) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

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II. (c) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

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II. (d) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

2. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier:
2. Describe behaviors that are of concern or Status of Barrier:
3. Objective/Desired Outcome:

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective/Desired Outcome

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
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Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
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Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	Comments:
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III. *Parent(s) Wellbeing Needs/Additional Needs* Check N/A if parental rights have been terminated N/A

Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, how are these needs being addressed?

IV. *Court*

Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, explain:

Date of next Court Review:

Date of last Court Review:

Recommendations regarding parents/caretakers or barriers for the next court hearing:

Notice of Legal Representation:

North Carolina law grants every parent a right to counsel in cases where a juvenile petition alleges that a child is abused, neglected, or dependent (N.C.G.S. [§7B-602](#)). North Carolina also grants every child a right to a guardian ad litem and attorney advocate in cases where a juvenile petition alleges that a child is abused or neglected (N.C.G.S. [§7B-601](#)). The right to independent counsel is necessary to carry out the requirement in the agency's title IV-E foster care plan.

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V. Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Participated in:	Received copy
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Guardian ad litem			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Tribal Representative			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Others Invited but Unable to Attend				