Minnesot
a Department of Human Services
Out of Home Placement Plan
Youth 18-21
(CW-TCM Plan)

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<tr>
<th>Name:</th>
<th>Age:</th>
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<tbody>
<tr>
<td>Plan Start Date: /</td>
<td>Date of Birth: /</td>
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<td>ICWA:</td>
<td>Plan Will Be Reviewed: /</td>
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Independent Living Plan is completed and attached for foster youth age 14 and older. □ Yes □ No □ NA

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<tr>
<th>Supportive Adult Name</th>
<th>Relationship to Youth</th>
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</table>
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
☐ Unauthorized Absence
☐ Juvenile correctional facility (non-secure, 12 or fewer children)
☐ Juvenile correctional facility (non-secure, 13 or more children)
☐ Correctional facility (locked)
☐ Hospital
☐ Other:

SOCIAL WORKER met with WHO

DATE
/
/

to jointly make this plan. In the development of this plan,

consulted with:
☐ Guardian ad litem
☐ Foster parent
☐ Representative of the residential facility
☐ Tribal representative
☐ Youth
☐ Other, describe:
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:

**Eligibility Detail**

**Youth’s eligibility for continued foster care:**

- [ ] Extension Condition
- [ ] Not eligible-no foster care extension condition applies
- [ ] Completing high school or GED
- [ ] Documented medical condition prevents education/work
- [ ] Employed at least 80 hrs. per month
- [ ] Enrolled in post-secondary or vocational education
- [ ] Participating in activities to remove employment barriers

**Effective Date**

Plan to verify youth’s continued eligibility:

- [ ] Documentation from the youth’s school or education program
- [ ] Documentation from the youth’s employer or employment program
- [ ] Documentation from the youth’s doctor or medical professional
- [ ] Other: **DESCRIBE**
Agency Efforts to Preserve Connections

What are the agency efforts and services to maintain or build permanent relationships with family members or other committed adults to ensure the youth has legal, physical and emotional permanency? (Select as many as apply)

☐ Reviewed previous relative search efforts and contacted relatives to encourage a relationship with the youth
☐ Reviewed social services history with youth to locate adults interested in a permanent relationship with the youth
☐ Maintained visitation with parent(s), adult siblings or other adult relatives to support permanent relationships with the youth
☐ Provided Family Group Decision Making services to maintain or build permanent relationships
☐ Driven by the youth, the independent living plan involved relatives and other adult kin
☐ Provided services to the youth to improve relationship skills
☐ Developed a social history or life book to help the youth rebuild family history
☐ Other: 

DESCRIBE
Sibling Detail

☐ Youth is an only child
☐ Siblings are not in placement
☐ Siblings are in placement

Sibling Separation

(This section would be added to the plan and services for siblings separated 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)
☐ Siblings 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:

Primary Permanency Plan:

Plan Name: 
Plan established date:  /  /

Concurrent Permanency Plan

Plan Name: 
Plan established date:  /  /

Plan to ensure the child’s well-being will be reviewed on:  /  /
Youth Functioning and Behaviors

Youth’s Needs and Strengths

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

Youth’s current functioning and behaviors:

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

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

To meet the youth’s current functioning and behaviors, the caregiver:

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

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

Youth’s 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 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 youth’s current medical needs, the caregiver:

- Ensures that the youth gets routine medical and dental care, including immunizations
- Adapts their home for a Youth’s medical needs
- Ensures that the youth receives the specialized medical or dental care required to address the Youth’s health condition
- Ensures that the youth receives mental health services to meet identified needs
Specifically describe how the caregiver meets the youth’s physical and mental health needs:
**Educational Needs**

Youth’s educational needs:

- □ 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 youth’s educational needs and strengths including information about the education strengths, attendance, accomplishments and support services or education setting required:


To meet the youth’s educational needs, the caregiver:

- □ Actively participates in the youth’s routine education, including communicating with school, assisting with homework, and attending parent-teacher conferences as needed
- □ Supports the youth’s special educational needs, including participating in planning meetings to assess and review the youth’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
- □ Youth has signed a release of information for the caregiver to communicate with the school

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


Developmental Needs

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 youth’s developmental needs and strengths:

To meet the youth’s current developmental needs, the caretaker:

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

Specifically describe how the caregiver promotes the youth’s development in the home or facility:
## History and Past Experiences

### 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 youth’s history and past experiences, including the number of foster care placements and re-entries:

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### To honor the youth’s history and acknowledge past experiences, the caregiver:

- ☐ Has been informed about significant relationships and events in the youth’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 youth to deal with his/her past
- ☐ Understands how the youth’s past experiences may have life-long implications

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

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Out of Home Placement Plan - Youth 18-21
**Religion and Culture**

**Youth’s religious and cultural needs:**

- [ ] 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 youth’s religious and cultural experiences, including information about the selected areas of needs and strengths:


**To meet the youth’s religious and cultural needs, the caregiver:**

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

Specifically describe how the caregiver meets the youth’s religious and cultural needs:


Community Connections

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 youth is a part of the community, school or faith community:


To preserve the youth’s connections with a community, school and faith community, the caregiver:

☐ Supports the youth’s connections to people and places important to the youth
☐ Encourages and facilitates the youth’s participation in activities through the school and/or community
☐ Preserves education stability because the youth is attending the same classroom or school program
☐ Makes efforts to maintain the youth’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 youth’s connections:


**Interests and Talents**

**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 youth is interested in, specify the extracurricular, social, community or cultural activities that promote their individual interests and talents, and if the youth is participating in these activities:

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**To continue and encourage the youth’s interests and talents, the caregiver:**

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

**Specifically describe how the caregiver supports activities that meet youth’s interests, builds skills, and highlights talents:**

---
Preserving Relationships

Youth’s relationships to current caretakers, parents, siblings 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 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 youth’s important relationship that will be included in the visitation plan:

To preserve the youth’s relationships to current caretakers, parents, siblings and relatives, the caregiver:

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

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

Additional needs of the youth:
### Services

List the services for the youth and identify the provider of the services:
(Select as many as apply)

<table>
<thead>
<tr>
<th>Services</th>
<th>Provider</th>
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<tbody>
<tr>
<td>Agency visits youth monthly</td>
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<td>Child development assessment</td>
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<td>Child development services</td>
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<td>Developmental disabilities case management services</td>
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<td>Waiver services</td>
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<td>Child mental health assessment</td>
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<td>Child mental health case management services</td>
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<td>Counseling/therapy</td>
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<td>Child care services</td>
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<td>Chemical health assessment</td>
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<td>Employment services</td>
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<td>Family Group Decision Making</td>
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<td>Vocational training/educational services</td>
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<td>Independent living services</td>
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<td>Recreational services</td>
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<td>Other Services Provided:</td>
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Out of Home Placement Plan - Youth 18-21
Page 18 of 29
Revision: 2019
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

Youth Preferences

Youth’s reasonable preference for placement, if the court deems the youth to be of sufficient age to express preferences:

☐ Youth is of sufficient age to express preference, but has not identified anyone

☐ Youth has identified a person with whom the youth would like to be placed and the agency is in the process of assessing that person

☐ Youth has identified a person with whom the youth would like to be placed, but the agency has determined that the person identified is not a safe and/or appropriate placement resource

☐ Youth is placed in the home or facility of their preference

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

Specify any youth input into the placement decision:
Placement Stability

What services and commitments are in place to support placement stability for the youth 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 youth'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 youth'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 youth with challenging behaviors
- Agency is helping the foster parent with transportation
- Youth is receiving individual waivered services in the home to care for a youth with disabilities
- Youth is receiving personal care attendant (PCA) services to help with the daily needs of the youth
- 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 youth care for the foster family
- Youth is placed with a relative that is willing to adopt or accept a transfer of legal and physical custody if the youth cannot be reunified with their parent(s)
- Other: DESCRIBE

DESIGN

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# Health Care Providers

## Youth’s health care providers

### Medical Providers

<table>
<thead>
<tr>
<th>Clinic / Physician / Field</th>
<th>Address</th>
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Healthcare Information
Immunization

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 youth is seen regularly by a physician and regular follow up with the foster parents/caregivers and foster youth about administering medication appropriately and the youth’s experience (possible side effects) with the medication.

Medical Responsibilities
Expected roles and responsibilities for the youth’s medical care while in placement:

Foster Parent/Facility:

Social Worker:

Other:
**Responsible to/for:**

- consent to treatment and medication for the youth
- oversight of the youth’s medications
- fill the youth’s prescription(s)
- coordinate, respond and monitor the youth’s daily health care needs
- report a change in the youth’s health needs or condition to the social worker
- ensure the youth receives medical care
- make medical appointments
- transport the youth to appointments
- attend youth’s medical appointments
- ensure the youth’s medical insurance or medical assistance
- maintain the youth’s medical records

No role and responsibility for the youth’s medical care while in placement
**Education Detail**  
**Youth’s Well-being: Education**

- **Yes**  
- **No**

□ □ Is the youth enrolled in school?

**Current School:**

□ □ Current Grade:

□ □ Does the youth have an Individual Education Plan?

□ □ Did the agency consider the proximity of placement to the school the youth was attending at the time of removal?

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

□ □ If yes, list the agency efforts to ensure the new school received the youth’s educational records:

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

#### Face to Face Visits

**Who will visit the youth:**

<table>
<thead>
<tr>
<th>Visitor</th>
<th>Frequency</th>
<th>Supervisor</th>
<th>Location</th>
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**Transportation details:**

Other visitation details:
Other Contacts

Who may have contact with the youth:

<table>
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<th>Name</th>
<th>Frequency</th>
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Other contact details:
Final Issues

Describe services or concerns the parent/legal guardian, foster parent/facility or 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: ___________________________________________________________
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.