|  |  |  |  |
| --- | --- | --- | --- |
| superiorsealthreequarterinch | **New Jersey Judiciary****Superior Court - Family Division****Voluntary Placement****Review Board Recommendation to the Judge** |  |  |
|  |  | County of |       |
|  |  | Review Date |       |
|  |  | Board # |       |
|  | **Review Type:** | [ ]  **Status** | [ ]  **Special** | [ ]  **Permanency** |  |  |
| **Child** | **Date of Birth** | **Age** | **Division Case Manager / Supervisor** |
|       |       |       |       |
|  |  |  | **NJSpirit Participant #:** |       |
| **Docket #** | **FN-**      | **FG-**      | **FJ-**     **FF-**      |
| **FC-**      |  |  |  |
|  | **Next FN court date** |       | **Next FG court date** |       | **Next FJ-FF court date** |       |
| **Date of Current Placement** | **Repeated Placement** | [ ]  Yes | [ ]  No | **Date of Family Summary / Case Plan /**  |
|  | **If yes, Date of original placement** | **Court Report -- Out-of-Home** |
| **Authority for Placement** |  | **(DCF Form 26-81a)** |
| [ ]  | Residential |  |       |
| [ ]  | Independent Living |  |  |
| **Division Placement Type (Short Term Plan)** | **Division Long Term Goal** |
| [ ]  | Resource Home – Relative | [ ]  | Reunification w/ Parent / Guardian |
| [ ]  | Resource Home – Foster Care | [ ]  | Permanency w/ Relative / Family Friend |
| [ ]  | Resource Home – Family Friend | [ ]  | Other alternate permanent living arrangement | (explain / attach documentation) |
| [ ]  | Group Care Home |  |       |
| [ ]  | Institution (Med / Rehab / Psych) |  |
| [ ]  | Residential Facility (Educ / Treatment) | **If the Long Term Goal is Adoption:** |
| [ ]  | Other (explain) |       | [ ]  Relative | [ ]  Foster Parent(s) | [ ]  Selected Home | [ ]  Undetermined |
| **1.** | Agency placement plan for this child **satisfies legal criteria** (*N.J.S.A.* 30:4C-55, -58, and -60)? | [ ]  Yes | [ ]  No |
| **2.** | **Current goal is** | [ ]  Acceptable | [ ]  Not Acceptable |
|  | **Current plan is** | [ ]  Acceptable | [ ]  Not Acceptable |
| **3.** | **Date the Division proposed goal / plan is to be achieved:** |       |
|  | **Date satisfies Review Board?** | [ ]  Yes | [ ]  No | -- **If No**, **Review Board goal date:** |       |
| **4.** | Is there a **current**  | **5.** | Is there a **current**  | **6a.** | Is there an **independent living assessment**?  |
|  | **health form**? |  | **education form**? |  | [ ]  Yes | [ ]  No | (**if child is over 14 yrs.,** attach documentation) |
|  | [ ] Yes | [ ] No |  | [ ] Yes | [ ] No | **6b.** | Is there a **current independent living plan**?  |
|  |  |  |  |  |  |  | [ ] Yes | [ ] No  | (**if child is over 16 yrs.,** attach documentation) |
| **After Reviewing All Information Presented, the CPR Review Board Recommends the Following:** |
| **Choose Only One:** |
| [ ]  | **A.** | Continued placement of the child outside of the home is not in the child’s best interest and the child should be returned home within two (2) weeks and the Division or designated agency, as appropriate, shall provide reasonable and available services which are necessary to implement the return home. |
| [ ]  | **B.** | Continued temporary placement outside of the home is in the child’s best interest until the long-term goal is achieved. |
| [ ]  | **C.** | Continued temporary placement outside of the home is in the child’s best interest, but there is not sufficient information for the board to make a recommendation, therefore, the board requests the court to order the Division or designated agency, as appropriate, to provide the needed information within two (2) weeks of the Court Order. |
| **In addition, we further request: (Choose One or More)** |
| [ ]  | 1. | Sufficient information to be provided within two (2) weeks | [ ]  | 4. | Summary Hearing |
|  |  | (Date) |       | [ ]  | 5. | CASA assigned |
| [ ]  | 2. | Case plan to be modified within thirty (30) days | [ ]  | 6. | Red Flag - special conditions exist |
|  |  | (Date) |       | [ ]  | 7. | Other |       |
| [ ]  | 3. | New plan and goal to be reviewed within thirty (30) days |  |  |  |  |
| **Appearances:** |
| [ ]  Mother | [ ]  Father | [ ]  Resource Family(s) | [ ]  Division Supervisor | [ ]  Division Caseworker | [ ]  Other |       |
| **Board members attending review (initials only)**  |
| [ ]  Chairperson |   | [ ]  Board Member |   | [ ]  Board Member |   | [ ]  Board Member |   | [ ]  Board Member |   |
| **Original reason(s) for placement / Case Summary** |
|  |
| **Reunification / Risk to child** |
| [ ]  | The conditions / circumstances leading to the removal of the child have been corrected and it is safe to return the child  |
|  | home at this time or in the near future for the reasons set forth here: |       |
| [ ]  | It is **NOT** and will **NOT** be safe to return the child home in the foreseeable future because: |
|  |  |
| **Reasonable Efforts** |
| Has the Division provided **reasonable efforts to finalize the permanent plan** including reunification where appropriate?  |
|  | [ ]  Yes | [ ]  No  | **Explain:** |
|  |
| **Compliance** |
| [ ]  | One or more parties are complying with the Division’s plan (explanation) |       |
| [ ]  | One or more parties are not complying with the Division’s plan (explanation) |       |
| **Board Recommends:** |
|  |
| **Additional Comments / Questions:** |
|  |
| **Barriers to permanency at the time of this review: Please Mark U= Unavailable or I= Inadequate** |
|  | Housing |  | Parent training |  | Substance abuse services |  | Physical handicap services |
|  | Emergency Shelter |  | Homemaker services |  | Low cost medical services |  | Pregnant teen services |
|  | Emergency funds |  | Educational / School services |  | Mental Health services |  | Bilingual client services |
|  | Day Care |  | Employment / Vocational services |  | Mental handicap services |  | Other |       |
| **Termination of Parental Rights: (Permanency Reviews Only)** |
| [ ]  | Termination of Parental Rights was granted on the date listed below: |
|  | Mother |       | on |       | ,  | 20      |
|  | Father |       | on |       | ,  | 20      |
| [ ]  | Termination of Parental Rights to be followed by Adoption is an appropriate plan because: |
|  |       |
| [ ]  | This case is **an exception** to the requirement to file Termination of Parental Rights because: |
|  | [ ]  | The child is living with a relative |  |  |
|  | [ ]  | The Division has not provided necessary services to effect family reunification |  |
|  | [ ]  | The following compelling reasons exist in this case: |  |
|  |  |       |
|  |  | [ ]  Permanent reason | **OR** | [ ]  until this date |       |