This form must be completed and entered into the PCC tracking module by the 4th of each month.

MONTH ENDING 4-30-09

DCBS CASE MANAGER Sue Seenitall

CHILD NAME: Ben A. Kidd DOB: 4-7-93

SSN NUMBER:111-22-3333 PROVIDER/ FACILITY: A GOOD HOME

Date of Current DPP-1293 Approval: 2/5/09

Date of Next Six Month Review: 8/5/09

* 1294 needs to be completed monthly for each DCBS child. Form should be completed and entered into the PCC tracking module by the **4th calendar day** of the month after the month being reviewed. Eg: Month ending 4/30/09 form due to Social Services Worker (SSW) by 5/4/09.

MONTHLY FACE-TO-FACE CONTACT INFORMATION:

1. Date of contact: \_4/28/09
* Information entered can include information obtained on other days; however the date listed here must correspond with documentation in both the child’s file and TWIST. Eg: Case manager made face to face visit on 4/28/09 with foster parents and child in the foster home.
1. Location of contact **(check only one)**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child/Youth Placement Location |  | Jail/Detention |
|  | Medical/Mental Health/Treatment Facilities |  | Other |

* Per 922 KAR 1:310, Therapeutic Foster Care must have at least one face to face visit monthly in the foster home. Therefore referencing and documenting a visit made to the ‘PCC foster home’ will meet the standard.
1. Service activity conducted **(check all that apply)**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Child/Youth Evaluation |  | Independent and Transitional Living |  | Placement |
|  | Counseling Services |  | Ongoing Services |  | Transportation |
|  | Family Team Meeting |  | Parent, Child/Youth, Sibling Visitation |  |  |

* Check each activity that was conducted on the date referenced in #1.
1. In the past thirty (30) days, the child has **(check all that apply)**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Attended religious services |  | Participated in any non-religious alternative activity  |  | Received religious materials |
|  | Did not attend/receive or participate in any religious activity  |  | Participated in other religious activities  |

* Check each activity the child participated in during the last thirty (30) days.
1. Description of service activity including but not limited to verification of Lifebook development, review of treatment plan (including supervision plan), review of medical passport, review of educational or developmental progress, review of religious services/materials and review of visitation agreement or permanency plan.

Document specific information regarding the following components of the treatment plan:

* 1. Mental health/treatment plan: List type and frequency of mental health services. Mention any recent changes in the child’s mood or behavior. Eg: Youth receives group counseling 2x monthly, individual 1x monthly and family therapy 2x monthly. Youth’s mood and behaviors have been consistently good over the past month. Youth has had no outburst in the home or at school.
	2. Attachment issues: List concerns related to birth family or siblings. Talk about visitation agreements. How does youth react before and after visit? What does youth report happens on the home visits. Discuss additional people youth visits when on a home visit such as extended family members, old friends etc. What phone calls youth is making: i.e. to whom, and how often. Discuss the status of the Lifebook. Document any activities to honor and maintain connection to the original culture of the child.
	3. Education: How is child doing in school? Consider social as well as academic issues. Document any extracurricular school related activities. Reference how information was obtained. Eg: discussion with school staff, progress reports, IEP meetings etc.
	4. Permanency: Discuss any progress, or lack of, related to youth’s permanency goal. Eg: Document home visits if goal is return to parent or skills obtained if goal is independent living etc. Document if birth family is participating in family therapy, or if any of the birth family members are receiving individual therapy. Is family participating in treatment planning for the youth?
	5. Medical/physical health: Document general appearance/mood/behavior. Is child in good health? Discuss any ongoing medical needs such as medication youth has taken in previous month, or any changes in medication dose or type. Document any side effects of medications. Indicate if medical passport was viewed.
	6. Independent living skills: If appropriate, document any skills youth has learned or demonstrated during the past month. Eg: learning about various banking processes, mopping a kitchen correctly, making own hair cut appt. etc.
	7. Compliance with court orders (if applicable): Document any action taken that supports compliance with a court order. Eg: Per court order, attended 2 anger management sessions at Comprehensive Care Center on 4/5, 4/28.
	8. Safety and supervision: How does child speak about current placement and the relationship with the family members living in the home. Does child feel safe in home? Is safe and appropriate discipline being used? Are family members respecting each other’s privacy? Document from whom and how the information is obtained. Eg: Youth stated in one on one discussion with Case Manager that he likes being in the home and that he doesn’t have any complaints.

What do foster parents report as youth’s behavior and interaction with other family members? Describe what youth’s interaction in the community or various other settings is like. Eg: Child plays 1st base with the Sluggers recreation baseball team. He states he enjoys it and foster parents state that he does very well and interacts very positively with the coaches and the teammates.

NAME AND TITLE OF PERSON COMPLETING FORM:

 \_\_\_\_\_\_\_\_\_\_

 (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S NAME AND SIGNATURE (IF REQUIRED): \_\_\_\_\_

DISTRIBUTION: Original—Facility/Provider File (if applicable)

* Form to be completed and entered into the PCC tracking module by **4th calendar day** of the month following the month of review. Eg: April review due to FSW by 5/4.