**In The Matter Of:**

Childs name } **Court No.** JFJ-

**Judge:**

**County of Jurisdiction:**  Tribal Court

**Court hearing date:**

**Hearing Type(s):** Court Review

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_  ISP Type: Family-Court ordered |  | **Indian Child Welfare (ICW)Worker** | |
|  | |
| **ISP Creation Date** | **ISP Modification Date** | **ISP Completion Date** |
|  |  |  |

**Family members involved in ISP:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD** | **AGE** | | **Date of Birth** | | **Permanency Plan** | **Concurrent Plan** | **Months out-of-home** | **Permanency Hearing due date** |
| Paige |  |  | | Return to own home | | Adoption |  |  |
| |  |  |  | | --- | --- | --- | | **Adult** | **AGE** | **Date of Birth** | |  |  |  | |  |  |  | | | | | | | | | |
|  | | | | | | | | |

**Termination Status, if Applicable:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **Relationship** | **Name** | **Date Recommended** | **TPR** |
|  |  |  |  |  |
|  |  |  |  |  |

**Conditions or Behaviors which need to be changed or corrected:**

**Desired Result(s):**

**ICW recommendations:**

ICW respectfully recommends that remain in custody and continue to reside in the current foster placement. ICW respectfully recommends that a review hearing be set in 90 days to determine the progress of the parents.

|  |  |  |
| --- | --- | --- |
| Child’s Name | Finding 1 | Finding 2 |
|  | Reasonable efforts to finalize permanency |  |

**Recommended findings:**

**Progress summary:**

**Current information:**

**Child(ren)’s current placement, adjustment in placement, and placement preference. Child(ren)’s situation includes physical, emotional, educational, psychosocial, and if appropriate, independent living information.**

**Parent(s)’ current living situation, including financial, physical, mental, and emotional information.**

**Additional information:**

**Progress on To Do’s for:** mother name-this information will be from the ISP created

|  |
| --- |
| **Risk Factor:**  Substance Abuse- Adult  **To Do:**  Ms. will schedule and complete a substance abuse assessment by a provider approved by ICW. Ms. will schedule the assessment within 30 days of the dispositional hearing.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Mental Health- Adult  **To Do:**  Ms. will address her mental health by completing a mental health assessment and follow recommendations per the assessment results. Ms. will participate in mental health counseling until successfully discharged.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Substance Abuse- Adult  **To Do:**  Ms will provide random Urinalysis to ICW, and the court as requested. Ms. will continue to provide random UAs through the life of this case. Ms. will provide the results to the ICW department.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect- Parenting  **To Do:**  Ms. will attend and participate in a parenting course approved by ICW department. Ms. will complete a parenting inventory 30 days prior to beginning the parenting course and will focus on the skills needed to care for her child.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect- Medical  **To Do:**  Ms. will attend all medical, dental, and vision appointments. When the child is returned to Ms. care, she will schedule all appointments and have regular checkups for her daughter.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Child well-being- Emotional  **To Do:**  Comprehensive Home-Based Services (CHBS) referral will be made 30 days prior to starting trial reunification. Ms. Juneau will participate in all recommendations provided by the agency and will continue services until successfully discharged. Ms. will allow CHBS to enter the home and work with her on the various skills needed to obtain to assist in parenting skills.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect-Housing  **To Do:**  Ms. will provide safe and appropriate housing that is free of debris and other safety hazards including no substance abuse, free of alcohol use, and not be involved in domestic violence.  **Progress:** |

|  |
| --- |
| **To Do:**  Visit your child(ren) as ordered by the court or as described in the visitation plan developed with your ICW worker. Be on time for all visits. Let the worker know a day ahead of time if you cannot visit.  **Progress:** |

**Standard to do’s:**

|  |
| --- |
| **To Do:**  Sign release(s) to allow ICW to share information about your case or family with persons or agencies who are providing services to help you complete your plan. Agree that upon a request by the court, a copy of all FBI fingerprinting results pertaining to the parent, legal guardian, and any other adult living in the home will be released to the court.  **Progress:** |

|  |
| --- |
| **To Do:**  Contact ICW at least once a month or as ordered by the court. Tell ICW about any changes, such as address, job, who lives in the home, and any progress made on your plan. Supply proof, such as certificates or reports, of progress on your plan to ICW at least once a week.  **Progress:** |

|  |
| --- |
| **To Do:**  Attend, participate, and complete the requirements of all services on your plan. Follow recommendations of the professionals providing the services.  **Progress:** |

|  |
| --- |
| **To Do:**  Attend and participate in any scheduled court hearings and meetings with ICW.  **Progress:** |

|  |
| --- |
| **To Do:**  Pay child support as ordered by the court.  **Progress:** |

**Progress on To Do’s for:** fathers name

|  |
| --- |
| **Risk Factor:**  Substance Abuse- Adult  **To Do:**  Mr. will complete substance abuse assessment and follow all recommendations provided by that assessment. Mr. will attend a long-term substance abuse treatment if recommended by the completed assessment.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Substance Abuse-Adult  **To Do:**  Mr. will submit to random UA’s as requested for the duration of this case.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Mental Health-Adult  **To Do:**  Mr. will complete a mental health assessment and follow all recommendations per the results of the assessment. Mr. will participate and engage in individual therapy until successful completion and discharge letter is provided to ICW.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Mental Health-Adult  **To Do:**  Mr. will participate and engage in anger management course and follow all recommendations until completion.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect-Housing  **To Do:**  Mr. will ensure safe he has a safe and appropriate home to be free of hazards, debris, substances, and violence.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect-Parenting  **To Do:**  Mr. will participate and complete a parenting course approved by ICW and will follow any recommendations.  **Progress:** |

|  |
| --- |
| **Risk Factor:**  Neglect-Parenting  **To Do:**  Mr. will maintain employment to be able to meet the basic needs of his child. Mr. will provide evidence to ICW to ensure that he has employment that is legal.  **Progress:** |

|  |
| --- |
| **To Do:**  Visit your child(ren) as ordered by the court or as described in the visitation plan developed with your ICW worker. Be on time for all visits. Let the worker know a day ahead of time if you cannot visit.  **Progress:** |

**Standard to do’s:**

|  |
| --- |
| **To Do:**  Sign release(s) to allow ICW to share information about your case or family with persons or agencies who are providing services to help you complete your plan. Agree that upon a request by the court, a copy of all FBI fingerprinting results pertaining to the parent, legal guardian, and any other adult living in the home will be released to the court.  **Progress:** |

|  |
| --- |
| **To Do:**  Contact ICW at least once a month or as ordered by the court. Tell ICW about any changes, such as address, job, who lives in the home, and any progress made on your plan. Supply proof, such as certificates or reports, of progress on your plan to ICW at least once a week.  **Progress:** |

|  |
| --- |
| **To Do:**  Attend, participate, and complete the requirements of all services on your plan. Follow recommendations of the professionals providing the services.  **Progress:** |

|  |
| --- |
| **To Do:**  Attend and participate in any scheduled court hearings and meetings with ICW.  **Progress:** |

|  |
| --- |
| **To Do:**  Pay child support as ordered by the court. Amount not yet determined.  **Progress:** |

**ICW Responsibilities**: Case worker will meet with the children monthly and provide any needed services. Worker will communicate with parents and foster parents about any needs the child(ren) may have.

**To the parents**: This document is to help you correct the conditions that led to the removal of your child(ren) in a responsible time period. If you are unable or unwilling to provide your child with a home that is safe, fail to correct the conditions or to attend court hearings your parental rights may be terminated, and your child may not return to your care.

**Visitation:** As a parent you have the right to visit with your child at least once a month for one hour.

**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ICW Caseworker Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Indian Child Welfare (ICW) Director Date