|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ISP Type: Family-Recommended |  | **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\*** |
|  |  |  | |  | |  |  |  |
|  |  |  | |  | |  |  |  |
| |  |  |  | | --- | --- | --- | | **Adult** | **AGE** | **Date of Birth** | |  |  |  | |  |  |  | | | | | | | | | |

\*Months out-of-home and Permanency hearing date are calculated from the 30 days after date of the most recent removal from the home.

**Reason(s) for Indian Child Welfare (ICW) involvement:**

**Condition(s) which need to be corrected:**

**Desired Result(s):**

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

|  |
| --- |
| **Risk Factor:**  Domestic Violence- Adult  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Mental Health- Adult  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Substance Abuse- Adult  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Neglect- Parenting  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Financial Security- Adult  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Child well-being- Emotional  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  Neglect-Supervision  **To Do:**  **Progress:** |

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| **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:**

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| --- |
| **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:** |

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| --- |
| **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:** |

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

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

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

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

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| --- |
| **Risk Factor:**  Domestic violence- Adult  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  **To Do:**  **Progress:** |

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| --- |
| **Risk Factor:**  **To Do:**  **Progress:** |

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| **Risk Factor:**  **To Do:**  **Progress:** |

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| **Risk Factor:**  **To Do:**  **Progress:** |

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| **Risk Factor:**  **To Do:**  **Progress:** |

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| **Risk Factor:**  **To Do:**  **Progress:** |

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| --- |
| **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:** |

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

**ICW RESPONSIBILITIES:**

A Indian Child Welfare (ICW) worker will meet with your child(ren) and others every month to find out what service(s) your child(ren) need. The worker will give information about the service(s) that are available and will your child(ren) get any needed medical, educational, and social services.

**TO THE PARENT(S):**

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILDWITH A SAFE HOME WITHIN THE REASPSONABLE PERIOD SPECIFIED IN THE PLAN. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE HOME OR ATTEND COURT HEARINGS, YOUR PARENTAL AND CUSTODIAL DUEITES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. [Section 1-4-704 to Title 10A of Oklahoma Statutes]

**VISITATION:**

You have the right to visit your child(ren) at least once every four weeks, unless there is a reason(s) to say no. In the beginning, your visits may be supervised. As you make progress on your plan, visits may occur more often with less supervision. Your right to visitation ends if your parental rights are terminated.

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| --- | --- |
| I helped develop the ISP | ISP was discussed |

**AGREEMENTS AND SIGNATURES:**

|  |  |  |
| --- | --- | --- |
| Mother’s Signature: Date: | \_\_\_Yes  \_\_\_No | \_\_\_\_Yes  \_\_\_\_No |
| Father’s Signature: Date: | \_\_\_\_Yes  \_\_\_\_No | \_\_\_Yes  \_\_\_No |
| Child signature: Date: | \_\_\_Yes  \_\_\_No | \_\_\_Yes  \_\_\_No |
| Placement provider signature: Date: | \_\_\_Yes  \_\_\_No | \_\_\_Yes  \_\_\_No |
| Child’s attorney signature: Date: |  | |
| Parent’s attorney signature: Date: |  | |
| Judge signature: Date: |  | |
| Prosecutor signature: Date: |  | |
| ICW signature: Date: |  | |
|  |  | |
|  |  | |

If NO is checked for any of the above or there is no signature, please explain:

**Copies of ISP are given to, if applicable:**

Mother Court Tribe

Father Prosecutor Guardian Ad Litem

Child(ren) Child’s Attorney Placement provider

Parent’s attorney Court Appointed Special Advocate (CASA)