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# Case Plan Goal Package – Application for Extension

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| **Case Information**  To be completed by the funded service provider | | | | | |
| **Child / young person’s details** | | | | | |
| Child’s Name | Click to enter text | Date of birth | | Click to enter date | |
| Indigenous / CALD status | Choose an item. | Gender / Gender identity | | Choose an item. | |
| ChildStory Identifier | Please specify | Placement Type  *Foster Care or ITC* | | Click to enter text | |
| **Case responsibility details** | | | | | |
| Agency with primary case responsibility  *Case Owner External Org*  *\*if ChildStory is not correct please update* | Choose an item. | Unit with secondary case responsibility  *Owner Internal Org \*if ChildStory is not correct please update* | | Click to enter text | |
| Agency key contact (name, email and phone) | Click to enter text | Unit key contact (Name, email and phone) | | Click to enter text | |
| **Details of case plan and service package information** | | | | | |
| Case Plan Goal | Family Preservation  Restoration  Guardianship  Adoption | Case plan goal start date | | | Click to enter date |
| Case plan goal package start date (\*for some children who transitioned to PSP this will differ from date above) | | | Click to enter date |
| **Rationale for application to extend the case plan goal package**  To be completed by the funded service provider | | | | | |
| **Service providers evidence that the six criteria for an extension has been met**  \*Evidence must be attached to support each criteria. Refer to the permanency goal review guidelines for more information. | | | | | |
| 1. **Significant progress towards the case plan goal has been made** | | | | | |
| Click to enter text  A detailed summary of the significant progress already made towards the child’s permanency goal including the tasks completed by the service provider, and tasks completed by other funded agencies, the department or external parties is to be included. Reports, case plans, assessments and case notes are to be attached and referenced in this summary to provide supporting evidence. \*\*please remove before submitting\*\* | | | | | |
| 1. **The service provider has participated in the required permanency goal reviews** | | | | | |
| Yes  List dates of reviews and the review period of each | | | No  Include details of which reviews were not completed and the reasons why | | |
| 1. **Extension of the two year case plan goal package is required to put in place additional time-limited supports to assist the family to achieve the child’s permanency goal** | | | | | |
| Click to enter text  Detail what time-limited supports and casework still required and who these will be completed by. Detail the strategies the provider will put in place to ensure these tasks are completed on time. Provide a summary as to why further funding is required to undertake additional time-limited casework. Reports, case plans, assessments and case notes are to be attached and referenced in this summary to provide supporting evidence. \*\*please remove before submitting\*\* | | | | | |
| 1. **The case plan clearly identifies the supports and casework tasks required to achieve the child’s goal including clear timeframes** | | | | | |
| Click to enter text  Summarise the plan for the period of extension requested for the decision maker including the critical tasks, timeframes and who will undertake these. A detailed plan must be attached that includes the tasks, objectives, timeframes and roles/responsibility. This is to include the roles and responsibilities for the parents, carers, family, funded service provider, the department, other agencies or any external parties. \*\*please remove before submitting\*\* | | | | | |
| 1. **Evidence demonstrates factors delaying achievement of the child’s case plan goal are beyond the service providers control** | | | | | |
| Click to enter text  Where delays have been caused by COVID-19 include the impact. Include the reasons why permanency has not been achieved in two years and the strategies put in place prior to this application to try and achieve permanency in this timeframe. Evidence must be attached demonstrating there was a plan in place to achieve permanency in two years. Summarise the main delays that have inhibited permanency from being achieved within the two year period. Reports, case plans, assessments or case notes are to be attached and referenced in this summary to provide supporting evidence. \*\*please remove before submitting\*\* | | | | | |
| 1. **The case plan goal remains in the child’s best interests** | | | | | |
| Click to enter text  Summarise the casework or assessments that support the case plan goal being pursued beyond the two year timeframe. Outline what the benefits to the child or young person are if time-limited supports and casework are able to be undertaken and permanency can be achieved. \*\*please remove before submitting\*\* | | | | | |
| **Extension information and service provider details** | | | | | |
| Name of funded service provider | Choose an item. | | | | |
| Period of extension sought  \*up to 3 months family preservation; 6 months guardianship; 12 months restoration/adoption | Click to enter length of time extension sought i.e. 1 month, 3 months, 6 months | | | | |
| Additional comments | Click to enter text | | | | |
| Details of service provider applying for extension | Name: Click to enter text  Role: Click to enter text Office: Click to enter text  Date: Click to enter date | | | | |
| Signature of agency Principal Officer |  | | | | |

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| **Recommendation and Outcome**  To be completed by the NSW Department of Communities and Justice | | | | | | |
| **Recommendation**  To be completed by the relevant Permanency Coordinator | | | | | | |
| Date application submitted | Click to enter date | | Date two year package is due to cease | | | Click to enter date |
| Evidence that each criteria has been met | Summary of how Criteria 1 has been met  Summary of how Criteria 2 has been met  Summary of how Criteria 3 has been met  Summary of how Criteria 4 has been met  Summary of how Criteria 5 has been met  Summary of how Criteria 6 has been met  Summary of how additional Criteria for Family Preservation has been met (if applicable)  Analysis and recommendation | | | | | |
| Is the child or young person’s current case plan goal still appropriate? | Yes  No | Does the evidence provided support the FSPs application for an extension to the case plan goal package? | | | Yes  No | |
| Recommendation of approval/decline including timeframe for extension | Recommend to approve application  Recommend to decline application  Include timeframe extension recommended to be approved for, or other recommendations if not supported | | | | | |
| Details of Permanency Coordinator reviewing application | Name: Click to enter text  Date: Click to enter date | | | | | |
| **Approval** | | | | | | |
| Role | Electronic approval by | | | Date | | |
| Manager Client Services (CFDU, PSP or CSC) |  | | | Click to enter date | | |
| Director Community Services/ Operations\* |  | | | Click to enter date | | |
| Executive District Director |  | | | Click to enter date | | |

**NOTE:** The *approved* form must be uploaded and attached as a note on the child’s case plan in ChildStory. Notification is also required to the lead contract manager.