



New Jersey Judiciary
 Superior Court - Family Division
Voluntary Placement

County of _____
 Review Date _____
 Board # _____

Review Board Recommendation to the Judge

Review Type: Status Special Permanency

Child	Date of Birth	Age	Division Case Manager / Supervisor
			NJSpirit Participant #: _____

Docket # _____

Next FN court date _____ Next FG court date _____ Next FJ-FF court date _____

Date of Current Placement _____	Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of original placement _____	Date of Family Summary / Case Plan / Court Report -- Out-of-Home (DCF Form 26-81a) _____
Authority for Placement		
<input type="checkbox"/> Residential		
<input type="checkbox"/> Independent Living		

Division Placement Type (Short Term Plan)	Division Long Term Goal
<input type="checkbox"/> Resource Home – Relative	<input type="checkbox"/> Reunification w/ Parent / Guardian
<input type="checkbox"/> Resource Home – Foster Care	<input type="checkbox"/> Permanency w/ Relative / Family Friend
<input type="checkbox"/> Resource Home – Family Friend	<input type="checkbox"/> Other alternate permanent living arrangement (explain / attach documentation)
<input type="checkbox"/> Group Care Home	
<input type="checkbox"/> Institution (Med / Rehab / Psych)	
<input type="checkbox"/> Residential Facility (Educ / Treatment)	
<input type="checkbox"/> Other (explain) _____	
	If the Long Term Goal is Adoption:
	<input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Selected Home <input type="checkbox"/> 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 health form? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is there a current education form? <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. Is there an independent living assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if child is over 14 yrs., attach documentation) 6b. Is there a current independent living plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (if child is over 16 yrs., attach documentation)
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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)

<input type="checkbox"/> 1. Sufficient information to be provided within two (2) weeks (Date) _____	<input type="checkbox"/> 4. Summary Hearing
<input type="checkbox"/> 2. Case plan to be modified within thirty (30) days (Date) _____	<input type="checkbox"/> 5. CASA assigned
<input type="checkbox"/> 3. New plan and goal to be reviewed within thirty (30) days	<input type="checkbox"/> 6. Red Flag - special conditions exist
	<input type="checkbox"/> 7. Other _____

Appearances:

Mother Father Resource Family(s) Division Supervisor Division Caseworker Other _____

Voluntary Placement – CPR Board Recommendation

Child's Name: _____ Docket #: FC- _____ Review Date: _____

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 _____