Staff Assistant: __________________________________ Board: ______________________ Date: _________________________

CRBC LOCAL REVIEW BOARD RECOMMENDATION WORKSHEET -APPLA

ATTACH LABEL HERE

APPLA (Another Planned Permanent Living Arrangement)

Stage of Review:  □ (2) Has case been previously reviewed

Quarter of Review:  □ (1) = 1st Quarter □ (2) = 2nd Quarter □ (3) = 3rd Quarter □ (4) = 4th Quarter

Reason for Review:  □ (1) = Plan Change □ (2) = Existing □ (3) = Court Request □ (4) = DSS Request
□ (5) = IP Request □ (6) = Age 17 □ (7) = Age 20 □ (8) = Board Request
□ (9) = Other/Advocacy

Permanency:

[PE-0] When Was Plan Changed to APPLA? _____/_____/_____; (MM/DD/YY)

[PE-1] What is the category of the child’s APPLA permanency plan? Choose one below;

[ I ] ___ Emancipation/Independence (Child is expected to remain in existing placement until he/she reaches the age of majority

[G] ___ Long term out-of-home care placement with a non-relative foster parent

[R] ___ Long term out-of-home care placement with a specified relative

[L] ___ Placement in a long-term care facility until transition to an adult facility

[O] ___ Other (specify)______________________

[PE-2] - Were other permanency options considered and why were they ruled out? [1] □ Yes -- [2] □ No
(If NO explain in comments, if YES check all that apply below)


Permanency Option Reasons

(Use [M] for Mother, [F] for Father, and [B] for Both)

[PE-07] □ Parent(s) whereabouts unknown

[PE-08] □ Parent(s) deceased

[PE-09] □ Parent(s) unable or unwilling to work towards reunification

[PE-10] □ Parent(s) unable to meet child’s needs

[PE-11] □ [Y/N] LDSS did not identify a suitable relative

[PE-12] □ [Y/N] Child did not consent to adoption

[PE-13] Permanency Comments: (Use back page for more)
CRBC LOCAL REVIEW BOARD RECOMMENATION WORKSHEET -APPLA

[PE-14] Is Birth parent incarcerated? [_____] (Use [M] for Mother, [F] for Father, [B] for Both, or [N] for N/A)

[PE-15] Did child consent to adoption? [____]

(Use the codes below to enter above)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Child DID NOT want to be adopted</td>
</tr>
<tr>
<td>3</td>
<td>N/A under age of consent</td>
</tr>
<tr>
<td>4</td>
<td>Unknown</td>
</tr>
<tr>
<td>5</td>
<td>No, medically fragile or MH issues</td>
</tr>
<tr>
<td>6</td>
<td>Yes, with conditions</td>
</tr>
</tbody>
</table>

[PE-16] Did child receive adoptive counseling in last 6 months? Y/N [____]

[PE-17] How long has the youth had a plan of APPLA?

[1] 0 to 6 months
[2] 7 to 11 months
[3] 1 year to 2 years
[4] 3 years or more


Why is Plan APPLA?

[PE19] Agency saw age as barrier and did not pursue ADOPTION
[PE20] Behavior [PE24] Placed with long term resources and does not want to Adopt
[PE22] Child did NOT consent to ADOPTION [PE26] NO TPR Granted
[PE23] Medically or Mentally Fragile [PE27] Worker Unaware

Emancipation/Independence:

(If Child is 14 years old and older)

[EI-1] Is child receiving appropriate services to adequately prepare child for independent living when the child leaves out-of-home care? [____]

[EI-2] Has LDSS or other agency assessed child for independent living skills? [____]

[EI-3] Is there an independent living plan in the file? [____]

[EI-4] Does the child have an independent living caseworker? [____]

(Use the codes below to enter above)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>N/A under age 14</td>
</tr>
<tr>
<td>4</td>
<td>No, medically fragile</td>
</tr>
<tr>
<td>5</td>
<td>No, unable to function independently because of MH issues</td>
</tr>
<tr>
<td>6</td>
<td>No, in Juvenile Justice Facility</td>
</tr>
</tbody>
</table>
Emanicipation/Independence Comments: (Use back page for more)

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________


Services Needed at Discharge


(If YES, choose the services below)

☐ (1) Housing
☐ (2) Medical
☐ (3) Mental Health
☐ (4) Educational
☐ (5) Employment
☐ (6) Special Needs
☐ (7) Referral to DDA
☐ (8) Referral to DORS
☐ (9) Other (Specify) [SS-10] ______________________________________

Is there a plan to provide the identified supportive services that would be needed after child is discharged from out-of-home care placement? [1] ☐ Yes -- [2] ☐ No -- [3] ☐ N/A (Provide details of plan in comments)

Supportive Services Comments: (Use back page for more)

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Current Supportive Services

Are appropriate services being offered to child currently? [1] ☐ Yes [2] ☐ No

(Provide details of plan in comments)

If so what services are being provided?

Should other services be provided? [1] ☐ Yes [2] ☐ No (Provide details of plan in comments)

If so what?

Current Supportive Services Comments: (Use back page for more)
Service Agreement

[SA-1] Is there a service agreement signed by the child? [_____]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>N/A, Under age 16</td>
</tr>
<tr>
<td>4</td>
<td>No, Medically Fragile</td>
</tr>
<tr>
<td>5</td>
<td>No, Unable to Function Independently because of MH issues.</td>
</tr>
<tr>
<td>6</td>
<td>No, in Juvenile Justice Facility.</td>
</tr>
</tbody>
</table>

[SA-2] Date of last service agreement __/__/_______

Case Planning

[CP-1] Were efforts made to involve the child in the case planning process? [_____]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>No, Medically Fragile</td>
</tr>
<tr>
<td>5</td>
<td>No, Unable to Function Independently because of MH issues.</td>
</tr>
<tr>
<td>6</td>
<td>No, in Juvenile Justice Facility.</td>
</tr>
</tbody>
</table>


If yes dates:

[CP-3] (date#1) __/__/_______
[CP-4] (date#2) __/__/_______
[CP-5] (date#3) __/__/_______
[CP-6] (date#4) __/__/_______

[CP-7] If no, has a Family Involvement Meeting been scheduled? [1] □ Yes [2] □ No

[CP-8] Case Planning Comments: (Use back page for more)

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Living Arrangement

[LA-2] If child is currently in a Living Arrangement, where does the child reside: (choose one) = [ ]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>College</td>
</tr>
<tr>
<td>41</td>
<td>Correctional Institution</td>
</tr>
<tr>
<td>42</td>
<td>Halfway House</td>
</tr>
<tr>
<td>50</td>
<td>Runaway</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
</tbody>
</table>
Placement

CURRENT PLACEMENT (CHESSIE ADDRESSES PLACEMENT & CURRENT LIVING LA) IF DIFFERENT AT TIME OF REVIEW, SHOULD WE TRACK BOTH?

(Use other and identify any category not listed below. If child is on runaway status and will return to one of the placement types listed below when returned check the appropriate category below).

[PL-1] Child's current placement is: (choose one) = [ ]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Emergency Foster Home Care</td>
</tr>
<tr>
<td>42</td>
<td>Formal Kinship Care</td>
</tr>
<tr>
<td>43</td>
<td>Intermediate Foster Care</td>
</tr>
<tr>
<td>44</td>
<td>Pre-Finalized Adoptive Home</td>
</tr>
<tr>
<td>45</td>
<td>Refugee Child</td>
</tr>
<tr>
<td>46</td>
<td>Regular Foster Care</td>
</tr>
<tr>
<td>47</td>
<td>Restricted (Relative) Foster Care</td>
</tr>
<tr>
<td>48</td>
<td>Treatment Foster Care</td>
</tr>
<tr>
<td>49</td>
<td>Treatment Foster Care (Private)</td>
</tr>
<tr>
<td>50</td>
<td>Alternative Living Units</td>
</tr>
<tr>
<td>51</td>
<td>Emergency Group Shelter Care</td>
</tr>
<tr>
<td>52</td>
<td>Residential Group Homes</td>
</tr>
<tr>
<td>53</td>
<td>Teen Mother Programs</td>
</tr>
<tr>
<td>54</td>
<td>Therapeutic Group Homes</td>
</tr>
<tr>
<td>55</td>
<td>Independent Living Residential Program</td>
</tr>
<tr>
<td>56</td>
<td>Residential Treatment Centers</td>
</tr>
</tbody>
</table>

[PL-2] If OTHER, please specify: ________________________________

[PL-3] How many placements has child had in the last 12 months?: □ None □ 1 □ 2 □ 3 □ 4 or more


[PL-5] IF NO above, what is the 2 digit jurisdiction placed in? [ ]
Placement Stability (Placement Change within Last 12 months) (If no changes select N/A or No Change)

[PS-01] Did Family Involvement Meeting (FIM) take place with most recent placement change?

[PS-02] For the most recent placement change, indicate the level of care for the new placement.
   [1] No Change in last 12 months
   [2] Less restrictive level of care
   [5] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-02] If the most recent placement change occurred for a positive reason, please indicate the primary reason below.
   [1] Transition towards Permanency Goal
   [2] Placement with Relatives
   [3] Placement with Siblings
   [4] Other
   [5] Not Applicable should be selected if the move did not occur for a positive reason, or the child did not experience a placement move in the past 12 months.

[PS-03] If the child’s most recent placement change was primarily related to provider specific issues, please indicate the primary issue below.
   [1] Provider home closed
   [2] Provider request (due to issues unrelated to the child)
   [3] Allegation of Provider Abuse/Neglect
   [4] Founded incident of provider abuse/neglect
   [5] Other
   [6] Not Applicable should be selected if the placement change was not due to a provider specific issue, or the child did not experience a placement move in the past 12 months.
   [7] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-04] If the child’s most recent placement change was primarily related to the child’s specific issues, please indicate the primary issue below.
   [1] Behavioral
   [2] Health
   [3] Threats of Harm to Self or Others
   [4] Sexualized
   [5] Delinquent Behavior
   [6] Runaway
   [7] Hospitalization
   [8] Other
   [9] Not Applicable should be selected if the reason for the most recent placement change was unrelated to any specific behavior on the part of the child, or the child did not experience a placement move in the past 12 months.
   [0] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.
While the child/youth was in the placement from which they were moved, were placement specific services provided adequate to support the foster parent (e.g., transportation, respite care, foster family counseling)?

[1] □ Yes  
[2] □ No  
[3] □ Not Applicable should be selected if the child did not experience a placement change in the past 12 months, if the placement was from a shelter or temporary placement setting, or the child did not experience a placement move in the past 12 months.  
[4] □ Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

For the current placement, is there information that indicates a match between the child’s needs and the provider’s ability to meet those needs?

[1] □ Yes  
[2] □ No  
[3] □ N/A should not be used. However, it is included on the instrument in the event a reviewer encounters an odd circumstance in which it would not make sense to select any other option, such as in the case of a child on runaway status.  
[4] □ Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

Board’s Placement Recommendations (Mandatory if the Board DISAGREES with the placement plan.)


If NO, what Placement Plan does the Board Recommend? And Why?

[PS-08] □(Choose Placement Code from Placement Table) □ [ ]

Health and Mental Health (ALL AGES)


[HM-02] □ Did youth receive a comprehensive health assessment, including mental health and quality services in a timely manner to address their needs? [1] □ Yes  [2] □ No


[HM-05] □ If yes, date of last medication review ______ / ______ / ________

[HM-06] □ If youth has a mental health issue and is transitioning out of care do they have an identified plan to obtain services in the adult mental health care system? [1] □ Yes  [2] □ No  [3] □ No Mental Health Issue


Behavioral Issues Comments: (Use back page for more)

Does Local Board Agree that health and mental health needs are being met? [1] Yes [2] No

Well Being - Permanent Connections

Has the LDSS identified anyone as a permanent connection for the child? [1] Yes [2] No

If yes, identify below.

<table>
<thead>
<tr>
<th>Permanent Connection 1</th>
<th>Permanent Connection 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WB-25</strong> Name</td>
<td><strong>WB-29</strong></td>
</tr>
<tr>
<td><strong>WB-26</strong> Relationship</td>
<td><strong>WB-30</strong></td>
</tr>
<tr>
<td><strong>WB-27</strong> Contact Type</td>
<td><strong>WB-31</strong> Choose below [ ]</td>
</tr>
<tr>
<td><strong>WB-28</strong> Frequency</td>
<td><strong>WB-32</strong> Choose below [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT TYPE</th>
<th>CONNECTION FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>P = Phone</td>
<td>0 = Every day</td>
</tr>
<tr>
<td>F = Face to face</td>
<td>1 = Once a week</td>
</tr>
<tr>
<td>L = Letter</td>
<td>2 = More than once a week</td>
</tr>
<tr>
<td>E = Email</td>
<td>3 = Less than once a week, but at least twice a month</td>
</tr>
<tr>
<td>O = Other</td>
<td>4 = Less than twice a month, but at least once a month</td>
</tr>
<tr>
<td>N = None</td>
<td>5 = Less than once a month</td>
</tr>
<tr>
<td></td>
<td>6 = Never</td>
</tr>
</tbody>
</table>

Does the board find the identified Permanent Connection appropriate? [ ]

(Use the codes below to enter above)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>N/A child under age 14</td>
</tr>
<tr>
<td>4</td>
<td>Unknown</td>
</tr>
<tr>
<td>5</td>
<td>No permanent connection identified</td>
</tr>
</tbody>
</table>

Permanent Connection Comments: (Use back page for more)

What is the frequency of caseworker contact/visits between the social worker and the child? Choose from below:

[0 ] Daily
[1 ] Once a week
[2 ] More than once a week
[3 ] Less than once a week, but at least twice a month
[4 ] Less than twice a month, but at least once a month
[5 ] Less than once a month
[6 ] Never
**COURT**

[CT-1] When was the last court date? ____/____/_________ (MM/DD/YYYY)

[CT-2] When is the next court date? ____/____/_________ (MM/DD/YYYY)

[CT-3] Court Comments: (Use back page for more)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________


*(If yes, explain in comments)*

[CT-7] Mandates Comments: (Use back page for more)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

[CT-8] Is there evidence in the child's case record of follow-up with regards to court orders/mandates?


If yes dates:

[CT-9] (date#1) ____/____/_________ (MM/DD/YYYY)

[CT-10] (date#2) ____/____/_________ (MM/DD/YYYY)

[CT-11] (date#3) ____/____/_________ (MM/DD/YYYY)

[CT-12] (date#4) ____/____/_________ (MM/DD/YYYY)

[CT-13] Court Order Comments: (Use back page for more)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Siblings


*(If yes, list below)*

<table>
<thead>
<tr>
<th>SB-2</th>
<th>Name</th>
<th>SB-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB-3</td>
<td>Relationship</td>
<td>SB-8</td>
</tr>
<tr>
<td>SB-4</td>
<td>DOB</td>
<td>SB-9</td>
</tr>
<tr>
<td>SB-5</td>
<td>Plan Type</td>
<td>SB-10</td>
</tr>
<tr>
<td>SB-6</td>
<td>Resides with child</td>
<td>SB-11</td>
</tr>
</tbody>
</table>

[SB-12] Sibling Parent Name: ________________________________________________
[SB-13] Sibling Parent ID: ________________________________

[SB-14] If siblings do not reside with child, have efforts been made to place siblings together? [1] Yes -- [2] No -- [3] N/A

(If no, explain in comments section)


[SB-16] Siblings Comments: (Use back page for more)
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Ready By 21

Education

[ED-00]__Does child have developmental or other special needs? [1] Yes [2] No

[ED-01]__Does youth have concrete plan detailing how they will complete high school/GED/earn certificate program? (Age 15/16)

[ED-02]__Does youth have concrete plan for postsecondary education/employment/training? Includes FAFSA (Age 17)

[ED-03]__Was youth referred for an ETV Grant?

[ED-04]__If youth is pursuing Higher education did they apply for FAFSA? (Age 17)

[ED-05]__Is there a transition plan for youth with specific educational goals and financial assistance goals? (Age 17)

[ED-06]__Does youth have access to postsecondary supportive services? (Age 20)

[ED-07]__If youth is disabled and exiting school are they aware of and engaged with community supports? (Age 20)
(If NO above, Enter REASON in Comments below)

[ED-08]__Does Local Board Agree that youth is being appropriately prepared to meet educational goals?

[ED-09]__COMMENTS
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Employment (14 and older)

[EM-01] Is youth currently participating in paid or unpaid work experience?

[EM-02] Is youth currently participating in paid or unpaid work experience that is relevant to career field of choice?

[EM-03] Has caseworker referred youth to summer or year round training and employment opportunities through MD Rise?

[EM-04] If youth is 20 years old and employed are they earning a living wage ($10/hr)?

[EM-05] Does Local Board Agree that youth is being appropriately prepared to meet employment goals?

[EM-06] COMMENTS

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Housing (Transitioning Youth)

[HT-01] For youth transitioning out of care has housing been specified?

[HT-02] For youth transitioning was information on alternative housing options provided?

[HT-03] Does Local Board Agree with the transitional housing plan?

[HT-04] Discuss Housing Plan

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

[HT-05] Does Local Board Agree that the youth is being appropriately prepared for Transition out of care?
Agency Use:

[AG-01]___Was information provided by CHESSIE accurate? ____Yes ____No

   If No why?
   __[AG-02]___Incorrect Dates
   __[AG-03]___Missing Information
   __[AG-04]___Other
   __[AG-12]___Incorrect Dates and Missing Information

[AG-05]___ Does the board wish to Re-REVIEW this case in the 4th QUARTER of the fiscal year? [1] [___] Yes [2] [___] No

If YES above, type of review recommended

[AG-06]___Paper (P) or Full (F) Review = [ ___ ]

[AG-07]___Date of next regular scheduled review ______/_____/________

[AG-08]___ Does the board agree with the Permanency Plan?
   [ 1 ]____Yes
   [ 2 ]____No
   [ 3 ]____N/A
   [ 4 ]____Yes with recommendations

[AG-09]___If NO, what Permanency Plan does the Board Recommend?
   [ 1 ]____Return Home (H)
   [ 2 ]____Relative Placement (R)
   [ 3 ]____Adoption (A)

[AG-10]___Did CRBC review case timely? ____Yes ____No

[AG-11]___Does the worker agree and plan to implement the Board's recommendation?
   [ 1 ]____Yes
   [ 2 ]____No
   [ 3 ]____No Recommendation
   [ 4 ]____Yes with amendments

What is the Agency's Plan for the Child?

_________________________________________________________________________________________________________________________________________________