

**ATTENTION:** This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.



CHILDREN'S ADMINISTRATION (CA)  
**Shared Planning Meeting**

Consent to share information (14-012) completed and signed:  Yes  No (If yes, please attach form)

If no, reason:

**Section 1**

PARENT/FILE NAME		CASE NUMBER	DATE OF MEETING	NAME OF FACILITATOR (IF APPLICABLE)	
CHILD NAME			DATE OF BIRTH	FAMLINK PERSON ID	
WORKER ID	SOCIAL WORKER NAME			TELEPHONE NUMBER	
ORIGINAL PLACEMENT DATE (OPD)	DATE OF CURRENT PLACEMENT	OFFICE			

**Section 2**

Shared Planning Meeting Time Frame

- Meeting within 72 hours of OPD (if available)  
  Meeting within 30 days of OPD  
  Meeting within 180 days of OPD  
  Meeting 9 – 11 months of OPD  
  Meeting every 12 months thereafter  
  Other

Other meetings that may be consolidated with any of the above meeting timeframes: (check all that apply)

- Adoption Planning Review
- Behavior Rehabilitative Services (BRS) Staffing
- Case Conference (RCW 13.34.067)
- Case Transfer Staffing
- CHET (Child Health and Education Tracking) Staffing
- EPSDT Staffing
- Mental health/substance abuse treatment planning triggered by denial of service (for the child)
- FAR Family meeting
- Family Team Decision Making (FTDM)
  - Purpose of FTDM:
    - Emergency Placement or VPA
    - Imminent risk of placement
    - Change of Placement
    - Exit from placement
- Family Support Meeting
- Family Group Conference
- Foster Care Assessment Program Key Person Staffing (FCAP)
- LICWAC staffing
- Multiple Placement Staffing
- Multi-Disciplinary Staffing (for Youth 17.5)
- Permanency Planning Staffing
- Tribal staffing (ICW Manual)
- Other

**Section 3**

Meeting Invitees / Participants

Distribution List (who received a copy of the form?) Yes No	Role in relation to child (cross reference with FamLink)	Name	Invited to Meeting		Present at Meeting	
			Yes	No	Yes	No
<input type="checkbox"/> <input type="checkbox"/>	Father(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Mother(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	Child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sibling(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Relative(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Foster parent/relative caregiver		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CASA/GAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Attorney(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CSO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tribes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	LICWAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Provider (for the child)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Treatment Provider (for the child)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Social Worker		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Supervisor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Collateral		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4**

Parent Information

NAME OF MOTHER		DATE OF BIRTH	
NAME OF FATHER		PATERNITY STATUS	DATE OF BIRTH
NAME OF FATHER		PATERNITY STATUS	DATE OF BIRTH
NAME OF FATHER		PATERNITY STATUS	DATE OF BIRTH

**Section 5**

Native American Status

COMPLETED INDIAN IDENTITY REQUEST FORM (09-761) IN FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST ALL TRIBAL AFFILIATIONS
Active efforts to identify Tribal status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe active efforts:	

## Section 6

### Safety

Review assessments related to safety  
Develop/update safety plan or transition and safety plan  
Discuss ways to maintain the family's and/or child's community, cultural identity, and cultural heritage  
Identify/discuss family strengths  
Identify/discuss services and referrals needed to eliminate need for agency involvement

### Permanency

Review assessments for strengths and challenges to timely permanence  
Discuss Placement

- Stability of the current placement
- Additional services to strengthen placement to reduce risk of disruption
- Placement with siblings

Discuss status of relative search/relative home study (both maternal and paternal sides).  
Discuss status of Tribal affiliation.  
Discuss how the family identifies their own cultural identity and social heritage to maintain connections.  
Identify/update permanency planning goals and progress, including barriers to permanency and discuss compelling reasons if exploring alternate permanency plans.  
Discuss referral for TPR petitions (if child has been out of home 12 of the last 19 months) or identify/discuss compelling reasons not to file.  
Discuss actions to support concurrent planning.  
Discuss option of adoption with current caregiver.  
Discuss open communication agreement  
Develop and/or update visiting plans, including sibling visits (15-209C).

### Well-Being

- Identify, address, and document the health and educational well-being of child, including services needed to support healthy development
- Is the child achieving the developmental tasks for his/her age group?
- Review and/or assign roles and responsibilities for child's education
- Gather/review/update medical information
- Discuss/review Independent Living Services and transition plans
- As a result of the CHET screening or consultation with the PHN, are there any services that need to be considered?



ATTACHMENTS

- Family Face Sheet (14-024)
- Investigative Risk Assessment (15-263)
- Safety Assessment (15-258)
- Safety Plan (15-259)
- ISSP (15-209) – REQUIRED ATTACHMENT, if due per policy
- Indian Identity Request form (09-761)
- Family Assessment (15-421)
- Assessment of Progress (15-373)
- Case Plan (15-259A)
- Child's Medical and Family Background Report (13-041)(first four pages completed)
- Child Information/Placement Referral form (15-300)
- CHET Screening Report (14-444)
- Parent Information Sheet (15-260)
- Group Care Social Summary/Referral (10-166A)
- Relative Search forms (15-325, 15-328, and 15-329)
- Guardianship Approval Checklist (15-324)
- Long Term Care With Foster Parent or Relative Checklist (15-323)
- Transition Plan for Youth Exiting Care (15-417)
- Other

**Section 8**

**For Family Team Decision Meetings**

CASE NAME		CHILDREN DISCUSSED	
SOCIAL WORKER NAME	TELEPHONE NUMBER	SUPERVISOR NAME	TELEPHONE NUMBER

STRENGTHS / RESOURCES

SAFETY CONCERNS

PLACEMENT DECISIONS

MEETING OUTCOME: PLACEMENT RECOMMENDATION:

<b>ACTION PLAN</b>			
GOAL / OBJECTIVE	TASKS	BY WHOM	TARGET DATE



## Shared Planning Meeting Instructions

The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration (CA). All shared planning meetings will address safety, permanency and well-being, and include a review of the tasks and activities associated with each of these elements. For more information, social workers should refer to the following practice guides:

- Practice guide to Risk Assessment
- Permanency Planning Practice Guide for Social Workers
- Practice Guide to Well-being – Child Health and Education Tracking
- Social Worker's Practice Guide to Education
- Social Worker Practice Guide – Visits Between Parent(s), Child(ren) and Siblings

A shared planning meeting may include an update for full discussion of one or more of the tasks and activities. The first two pages of the Shared Planning Meeting form must be completed for each child staffed. A new Shared Planning Meeting form should be completed for each staffing. Because the form is a Word document, text may be copied and pasted into other documents.

**Section 1** – Social worker completes. Complete the top two pages for each child in the family.

**Section 2** – Social worker refers to Shared Planning Policy to determine which time frame to check and other meetings that can be consolidated with the shared planning meeting. If the Shared Planning Meeting is also a Family Team Decision Meeting (FTDM), the purpose of the FTDM should be checked on the form.

**Section 3** – Social worker completes.

**Section 4** – Social worker completes.

**Section 5** – Social worker completes.

**Section 6** – **Bolded statements are for discussion. This may be an update or full discussion at the meeting.** For more discussion points, refer to the guide to this form. Social Worker updates Service Plan or ISSP from this discussion. (See Section 7)

**Section 7** – Social Worker updates Service Plan or ISSP from discussions in Section 6. Social worker documents any additional recommendations, assignments and/or dates. Designate a permanency plan, plan to maintain and/or achieve stability in placement for child, and an alternative plan if child has been denied mental health or substance abuse services. This section should be copied for the child's caregiver.

**Section 8** – For Family Team Decision Meeting/Shared Planning Meetings, facilitator will complete this section and make copy for the family and other persons responsible for tasks.

All participants in the Shared Planning Meeting must sign the signature page at the back of the form.