

**Minnesota Department of Human Services**  
**Out of Home Placement Plan**  
**Permanent Custody to the Agency: Youth Age 16 or Older**  
**(CW-TCM Plan)**

Name:	Age:
Plan Start Date:     /     /	Date of Birth:     /     /
ICWA:	Plan Will Be Reviewed:     /     /

**Relatives**

Name	Relationship to Child
Address	

- Child is an only child
- Siblings are not in placement
- Siblings are in placement

**Placement authority:**

- Court order
- Voluntary
- Voluntary for treatment

**Current placement:**

(Select one)

- Foster family home – relative
- Foster family home - non-relative
- Foster home – corporate/shift staff
- Group home
- Residential treatment center
- Supervised independent living
- Pre-Adoptive home - relative
- Pre-Adoptive home - non relative
- Unauthorized absence
- Juvenile correctional facility (non-secure, 12 or fewer children)
- Juvenile correctional facility (non-secure, 13 or more children)
- Correctional facility (locked)
- Non-custodial parent’s home
- Child’s reunification home
- ICF-DD
- Hospital

SOCIAL WORKER	met with	WHO	DATE / /
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to jointly make this plan. In the development of this plan,

SOCIAL WORKER
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consulted with:
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Youth age 14 and older included these individuals in the case planning team:

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## Family Needs

What are the safety concerns that make it unable for the child to be at home?

Family strengths that will support the plan and permanency goal:

**Family needs:** Assessment tools identify family needs to include:

(Select as many as apply)

- Basic needs (food, clothing, shelter etc.)
- Housing
- Parenting skills
- Counseling/therapy
- Childcare
- Transportation
- Medical/dental care
- Domestic violence
- Employment
- Adult vocational training
- Homemaker/home management
- Mental Health
- Chemical health
- Other:

**DESCRIBE**

## Services for Parent

List the services for the parents and other caregivers, and identify the provider of the services:

(Select as many as apply)

Services	Provider
<input type="checkbox"/> Basic needs (food, clothing, shelter etc.)	
<input type="checkbox"/> Emergency shelter	
<input type="checkbox"/> Help with rent/house payments	
<input type="checkbox"/> Housing services	
<input type="checkbox"/> Emergency food	
<input type="checkbox"/> Energy assistance application	
<input type="checkbox"/> Parenting education	
<input type="checkbox"/> Counseling/Therapy	
<input type="checkbox"/> Child development services	
<input type="checkbox"/> Child care services	
<input type="checkbox"/> Mental health assessment	
<input type="checkbox"/> Mental health services	
<input type="checkbox"/> Chemical health assessment	
<input type="checkbox"/> Chemical health services	
<input type="checkbox"/> Recreational services	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Domestic violence services	
<input type="checkbox"/> Employment services	
<input type="checkbox"/> Legal services	
<input type="checkbox"/> Respite services	

Services	Provider
<input type="checkbox"/> Family Group Decision Making	
<input type="checkbox"/> TANF/SSI and/or food support referral	
<input type="checkbox"/> Adult vocational training/educational services	
<input type="checkbox"/> Medical/dental care	
<input type="checkbox"/> Homemaker/home management services	
<input type="checkbox"/> Other Services Provided	
<input type="checkbox"/> Further Explanation of Reasonable/Active Efforts	

### Parent Services Detail

How will these services help the parent provide a safe home for the child?

What is the time frame for the services?

What does the parent need to accomplish or demonstrate for the child to return home?

## Continuing Efforts for Permanency

**What are the agency efforts and services to maintain or build permanent relationships with family members or other committed adults to ensure the child/youth has legal, physical and emotional permanency?**

(Select as many as apply)

Reviewed previous relative search efforts and contacted relatives to encourage a relationship with the child/youth

Prev 12 mos  
Next 12 mos

 

Reviewed social services history with youth to locate adults interested in a permanent relationship with the youth

 

Maintained visitation with the parent(s), adult siblings or other adult relatives to support permanent relationships with the youth

 

Provided Family Group Decision Making services to maintain or build permanent relationships

 

Driven by the youth, the independent living plan involves relatives and other adult kin

 

Provided services to the youth to improve relationship skills

 

Developed a life book to help the child/youth rebuild family history

 

Involved the youth in recruitment efforts for a permanent family

 

Reviewed the parents' current status and services needed to reunify the family

 

Reviewed the child's status with agency attorney to consider permanency options

 

Reviewed attitudes and concerns about adoption with youth

 

Describe additional efforts for permanency:

Next 12 mos  
Prev 12 mos

**What are the agency efforts and services to ensure that continued foster care is the appropriate legal arrangement for this child/youth?**

(Select as many as apply)

- Involved the youth in recruitment efforts for permanent family
- Reviewed the parents' current status and services needed to reunify the family
- Provided Family Group Decision Making services to maintain or build permanent relationships
- Reviewed previous family search and contacted relatives to consider a permanent home
- Reviewed child's status with agency attorney to consider permanency options
- Reviewed with foster parent and relatives Northstar Adoption Assistance or Northstar Kinship Assistance, other benefits or supports that are available for permanent families and asked them to consider becoming the child's legal parent
- Reviewed attitudes and concerns about adoption with youth

Describe additional efforts to assess legal permanency:

## Sibling Separation Detail

(This section would be added to the plan and services for siblings separated in placement.)

Siblings were separated on:

/ /
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Describe the agency's efforts to place the siblings in the same home for foster care, adoption, or transfer of permanent legal and physical custody to a relative:

Document why joint placement would be contrary to the safety or well-being of any of the siblings:

(Select one)

- Children are not safe together
- Reasonable efforts to recruit a home for the siblings together have not been successful
- Relatives willing to care for siblings in separate groups
- One or more of the siblings are under the commissioner's guardianship through the court's acceptance of a Consent Of Parent to Adoption pursuant to Minnesota Statutes, section 260C

Describe:

## Permanency Plan

### Length of time in foster care:

Statewide cumulative placement:

Days in current continuous placement:

Reasonable efforts to prevent placement:

### Permanency Plan:

(Select one)

- Reunification
- Voluntary foster care for treatment
- Adoption
- Transfer of permanent physical/legal custody to a relative
- Permanent custody to agency for youth 16 or older
- Concurrent Permanency Plan: Reunification and adoption
- Concurrent Permanency Plan: Reunification and transfer of permanent physical/legal custody to a relative.

Describe the steps the agency is taking to determine the permanency plan for the child, when they cannot return to the care of either parent. Include the agency efforts to consider adoption as the permanency plan:

## Permanent Transfer of Physical and Legal Custody to a Relative

Describe the reasons why permanent placement with a fit, willing and suitable relative is in the child's best interest:

Describe how the child demonstrates a strong attachment to the relative(s) and how the relative(s) demonstrate a strong commitment to caring permanently for the child:

List the agency's efforts to discuss adoption as a permanent option with the relative(s):

- Adoption was discussed with the relative(s) on: / /
- Agency staff gave the relative(s) a copy of the Minnesota Paths to Permanency brochure.
- Agency will provide the relative(s) with information about adoption.

Describe additional agency efforts and the reasons the relative(s) prefers this permanency option instead of adoption:

Did the agency discuss with the child's parent the possible permanent transfer of physical and legal custody to a relative including Northstar Kinship Assistance?

Yes  No

If no, describe the reasons these efforts were not made or the plan to talk with the parent:

Is Northstar Kinship Assistance in the child's best interest?

Yes  No

Describe the reasons why Northstar Kinship Assistance is in the child's best interest or is not:

Plan to ensure the child's well-being will be reviewed on:

/ /

# Child Functioning and Behaviors

## Child's Needs and Strengths

### Child's/youth's needs and strengths and individual plan for placement:

Select the needs and strengths, and assess how the selected foster home, pre-adoptive parent or facility attends to the child's/youth's individual needs. Select as many as apply under each category. Provide a specific description of the child's/youth's individual needs and strengths for each item selected.

### Child's/youth's current functioning and behaviors:

- Displays age-appropriate behavior most of the time and requires supervision that is consistent with the child's age.
- Demonstrates problem behavior at home and/or in the community
- Requires intensive structure and supervision that is atypical for the child's age
- Can perform daily care needs at age-appropriate level
- Requires assistance with daily care needs that is atypical for the child's age
- Displays age-appropriate emotional coping skills
- Displays difficulty in coping with stress and emotions that is atypical for the child's age

Specifically describe the child's/youth's current functioning and behaviors including information about the selected areas of needs and strengths:

To meet the child's current functioning and behaviors, the caregiver:

- Attends specialized training that addresses the child's specific disabilities or special needs
- Accepts/addresses the child's behavior and functioning
- Teaches the child to learn daily care needs to the extent of the child's ability and can provide for those needs that the child is incapable of performing
- Assists the child to learn effective coping skills and problem-solving strategies, and helps the child stabilize emotions
- Demonstrates patience to give the child adequate time to develop a trusting relationship
- Provides supervision and structure in the home/facility that is the least restrictive and consistent with the child's chronological age
- Provides increased supervision and structure in the home/facility that is atypical for the child's age in order to meet the child's needs

Specifically describe the caretaker's actions to learn about the child's/youth's behaviors and current functioning, and the care provided in the home or facility that meets their individual needs:

## Medical Needs

**Child's/youth's current medical and mental health needs:**

- Is in good physical health and requires only routine medical and dental care
- Has physical health needs that require frequent medical appointments
- Has a chronic physical health condition or illness that requires medical care in the home
- Screening identified no need for mental health services
- Has mental health needs that require special intervention and/or professional therapy
- Has no known allergies
- Has allergies

Allergies or medical problems:

Other health considerations:

Special dental needs:

Specifically describe the child's/youth's medical and mental health needs including information about the selected areas of health needs, the frequency of medical care or required interventions:

**To meet the child's/youth's current medical needs, the caregiver**

- Ensures that the child gets routine medical and dental care, including immunizations
- Adapts their home for a child's medical needs
- Ensures that the child receives the specialized medical or dental care required to address the child's health condition
- Ensures that the child receives mental health services to meet identified needs

Specifically describe how the caregiver meets the child's/youth's physical and mental health needs:

## Educational Needs

### Child's/youth's educational needs:

- Is a preschool-age child who had an early childhood screening, but no services were recommended
- Is a preschool-age child who had an early childhood screening and services were recommended
- Is enrolled in school. Current school:

- Has educational needs that require an Individual Education Plan, 504 plan, or other educational plan to address special education needs
- Has educational needs that require an alternative educational setting
- Is attending post-secondary education
- Changed school due to this placement

Specifically describe the child's/youth's educational needs and strengths including information about the education strengths, attendance, accomplishments and support services or education setting required:

**To meet the child's/youth's educational needs, the caregiver:**

- Actively participates in the child's routine education, including communicating with school, assisting with homework, and attending parent-teacher conferences as needed
- Supports the child's special educational needs, including participating in planning meetings to assess and review the child's special educational goals
- Supports the youth's post-secondary education needs, including assisting as needed with tasks such as arranging transportation, applying for financial aid and filling out post-secondary applications

Specifically describe the educational supports provided by the caregiver that meets the child's/youth's individual education needs:

**Developmental Needs**

**Child's/youth's developmental needs:**

- Is at age-appropriate developmental level
- Has developmental skills that are above expectations for chronological age
- Has developmental delays

Specifically describe the child's/youth's developmental needs and strengths:

**To meet the child’s/youth’s current developmental needs, the caregiver**

- Accepts/addresses the child’s developmental delays
- Provides care and a home environment that is age and developmentally appropriate to promote healthy child development and growth
- Assists youth to develop independent living skills at home and in the community

Specifically describe how the caregiver promotes the child’s/youth’s development in the home or facility:

**History and Past Experiences**

**Child’s/youth’s history and past experiences:**

- Has experienced abuse, neglect and/or prenatal exposure to drugs and/or alcohol
- Has experienced multiple placements while in foster care or pre-adoption placement disruption(s)
- Has re-entered foster care after reunification
- Has re-entered foster care after adoption (adoption dissolution) or after a transfer of permanent legal and physical custody to a relative

Specifically describe the child’s/youth’s history and past experiences, including the number of foster care placements and re-entries:

**To honor the child's/youth's history and acknowledge past experiences, the caregiver:**

- Has been informed about significant relationships and events in the child's past, including abuse and/or neglect history, as well as positive experiences
- Has received training about the effects of trauma, grief and loss
- Assists the child to deal with his/her past
- Understands how the child's past experiences may have life-long implications

Specifically describe how the caregiver helps the child/youth cope with and work out their past issues:

**Religion and Culture**

**Child's/youth's religious and cultural needs:**

- Preference by parent that the child be involved in a specific religious denomination
- Has regularly attended services and/or participated in spiritual rites/rituals of a specific religious denomination
- Has not regularly attended services of a spiritual community
- Speaks, writes, and understands a language other than English
- Has hair and/or skin care needs that require specific care instructions
- Has regularly participated in holidays, celebrations and traditions that need to continue
- Follows a culturally-specific diet

Specifically describe the child's/youth's religious and cultural experiences, including information about the selected areas of needs and strengths:

**To meet the child’s/youth’s religious and cultural needs, the caregiver**

- Has a religious background similar to the child
- Supports the child to attend services and/or participate in spiritual rites/rituals
- Supports the child’s decision to not attend religious services and/or participate in spiritual rites/rituals
- Is able to communicate in the child’s primary language
- Ensures the child’s unique hair and/or skin care needs are met
- Supports the child’s participation in the holidays, celebrations and traditions that are important to the child
- Provides for the child’s culturally-specific diet

Specifically describe how the caregiver meets the child’s/youth’s religious and cultural needs:

**Community Connections**

**Child’s/youth’s connections with a community, school and faith community:**

- Has significant connections to a community and/or school, and those connections need to be preserved
- Participates in services at a place of worship and is integrated into that particular faith community
- Identifies as LGBTQ (Lesbian, Gay, Bisexual, Transgender or Questioning) and has or wants to develop connections with the LGBTQ community

Specifically describe how the child/youth is a part of the community, school or faith community:

**To preserve the child's/youth's connections with a community, school and faith community, the caregiver:**

- Supports the child's connections to people and places important to the child
- Encourages and facilitates the child's participation in activities through the school and/or community
- Preserves education stability because the child is attending the same classroom or school program
- Makes efforts to maintain the child's connections to previous community, school and faith community
- Respects and supports the youth's sexual orientation and/or gender and connection to the LGBTQ community

Specifically describe the caregiver's efforts to preserve the child's/youth's connections:

**Interests and Talents**

**Child's/youth's interests and talents:**

- Has the opportunity to engage in age appropriate activities
- Participates in sports, recreational activities or hobbies
- Has a preferred activity for free time

List the age appropriate activities child/youth is doing in the home, and activities that promote their individual interests and talents:

**To continue and encourage the child's/youth's interests and talents, the caregiver:**

- Supports the development of the child's interests and talents

Specifically describe how the caregiver supports activities that meet child's/youth's interests, builds skills, and highlights talents:

**Preserving Relationships**

**Child's/youth's relationships to current caretakers, parents, siblings, and relatives:**

- Has a positive relationship with their current foster care provider
- Has a relationship with a birth parent, where continuing contact is needed
- Has one or more siblings living in the same home
- Has one or more siblings living in a separate home, where continuing contact is needed
- Has one or more siblings living in a separate home, but it has been assessed that contact or visitation is not in the child's/youth's best interest
- Has a relationship with a birth relative, previous caregiver, kin or other important person where continuing contact is needed

Identify the child's/youth's important relationship that will be included in the visitation plan:

**To preserve the child's/youth's relationships to current caretakers, parents, siblings and relatives, the caregiver:**

- Lives in close proximity to the child's reunification home
- Is willing to mentor the child's parents to support reunification
- Is willing to help with visitation to preserve relationships
- Is willing to care for the child and his/her siblings
- Is open to contact with birth family and other people important to the child

Specifically describe how the provider supports contact with the birth family and other people important to the child/youth:

**Additional Needs**

Additional needs of the child/youth:

## Services

List the services for the child/youth and identify the provider of the services:

(Select as many as apply)

Services	Provider
<input type="checkbox"/> Agency visits child monthly	
<input type="checkbox"/> Child development assessment	
<input type="checkbox"/> Child development services	
<input type="checkbox"/> Developmental disabilities case management services	
<input type="checkbox"/> Waiver services	
<input type="checkbox"/> Child mental health assessment	
<input type="checkbox"/> Child mental health case management services	
<input type="checkbox"/> Child care services	
<input type="checkbox"/> Chemical health assessment	
<input type="checkbox"/> Chemical health services	
<input type="checkbox"/> Family Group Decision Making	
<input type="checkbox"/> Employment services	
<input type="checkbox"/> Vocational training/educational services	
<input type="checkbox"/> Independent living services	
<input type="checkbox"/> Recreational services	
<input type="checkbox"/> Other Services Provided:	

## Youth age 18 to 21

- Youth is age 18 to 21 and the agency assessed that placement in a supervised independent living setting is in the youth's best interest. The independent living plan that is attached to the out of home placement plan specifically describes the services, support system and youth's responsibilities to maintain this living arrangement

## Child/Youth Preferences

**Child's/youth's reasonable preference for placement, if the court deems the child/youth to be of sufficient age to express preferences:**

- Child is not of sufficient age to express preference
- Child is of sufficient age to express preference, but has not identified anyone
- Child has identified a person with whom the child would like to be placed and the agency is in the process of assessing that person
- Child has identified a person with whom the child would like to be placed, but the agency has determined that the person identified is not a safe and/or appropriate placement resource
- Child is placed in the home or facility of their preference

Specify who the child/youth has identified and progress toward assessing this person for the child's/youth's placement:

Specify any child/youth input into the placement decision:

## Placement Stability

### What services and commitments are in place to support placement stability for the child until permanency is achieved?

(Select as many as apply)

- Agency has assessed foster parent's need for support services
- Foster parent understands the importance of placement stability and adapts their parenting style and family routine to meet the child's needs
- Agency staff is making monthly contact with the foster parent to support placement stability
- Foster parent is receiving monthly foster care payment to support the child's basic needs and supplemental needs
- Agency will provide the foster parent with a copy of the completed out-of-home placement plan
- Agency has provided Family Group Decision Making services to develop a support plan for the foster parent
- Agency has provided foster parent with the phone number of an after-hours contact in case of an emergency
- Foster parent is connected with a mentor
- Agency has arranged respite care for the foster parent
- Agency is providing in-home therapy or behavioral professionals to consult with the foster parent
- Agency is providing the foster parent with services to help them parent a child with challenging behaviors
- Agency is helping the foster parent with transportation
- Child is receiving individual waived services in the home to care for a child with disabilities
- Child is receiving personal care attendant (PCA) services to help with the daily needs of the child
- A crisis plan has been developed with the foster parent that identifies crisis providers or services available after-hours and on weekends
- Agency has arranged specific training for the foster parent
- Agency provides a support group and foster parent is notified of the meetings or parent is referred to another agency's support group
- Agency has helped the foster family find child care for the foster family
- Child is placed with a relative that is willing to adopt or accept a transfer of legal and physical custody if the child cannot be reunified with their parent(s)
- Foster parent is willing to be the child's legal parent if the child cannot be reunified with parent(s)
- Other: 

<b>DESCRIBE</b>
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# Health Care Providers

## Child's health care providers

Medical Providers		
Clinic / Physician / Field	Address	Phone

Dental Providers		
Clinic / Physician / Field	Address	Phone

Mental Health Providers		
Clinic / Physician / Field	Address	Phone

# Healthcare Information

## Immunization

Yes No

- Agency has a copy of the child's immunization record?
- Child's immunization record was provided to the foster parent or facility?

## Medication

Yes No

- Does the child need routine medications?
- Did the agency provide the foster parent or facility with information about the child's prescribed medication?
- Is the child prescribed psychotropic medication?

If Yes, how many psychotropic medications is the child taking concurrently?

- 1
- 2
- 3
- 4
- More

## Medical Responsibilities

### Expected roles and responsibilities for the child's/youth's medical care while in placement:

Parent/Guardian 1:

Parent/Guardian 2:

Foster Parent/Facility:

Social Worker:

Other:

**Responsible to/for:**

	Parent 1	Parent 2	Foster P/F	Social Worker	Other
consent to treatment and medication for the child	<input type="checkbox"/>				
oversight of the child's medications	<input type="checkbox"/>				
fill the child's prescription(s)	<input type="checkbox"/>				
coordinate, respond and monitor the child's daily health care needs	<input type="checkbox"/>				
report a change in the child's health needs or condition to the parent(s)	<input type="checkbox"/>				
report a change in the child's health needs or condition to the social worker	<input type="checkbox"/>				
ensure the child receives medical care	<input type="checkbox"/>				
make medical appointments	<input type="checkbox"/>				
transport the child to appointments	<input type="checkbox"/>				
attend child's medical appointments	<input type="checkbox"/>				
ensure the child's medical insurance or medical assistance	<input type="checkbox"/>				
maintain the child's medical records	<input type="checkbox"/>				
No role and responsibility for the child's medical care while in placement	<input type="checkbox"/>				

# Education Detail

## Child's Well-being: Education

Yes No

Is the child enrolled in school?

Current School:

Current Grade:

Does the child have an Individual Education Plan?

Did the agency consider the proximity of placement to the school the child was attending at the time of removal?

If the child changed schools due to this placement, list the agency efforts to find a placement in the child's school district or arrange transportation to the school the child attended:

If the child changed schools due to this placement, list the agency efforts to ensure the new school received the child's educational records:

If yes, list the agency efforts to ensure immediate enrollment in the new school:

# Visitation

## Visitation Limits

- Court approved, no parental visitation
- Court approved, no sibling visitation
- Relative visitation is not in the child's best interest

## Face to Face Visits

Who will visit the child:

Visitor	Frequency	Supervisor	Location

Transportation details:

Other visitation details:

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## Other Contacts

Who may have contact with the child:

Name	Frequency	Type

Other contact details:

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## Final Issues

Describe services or concerns the parent/legal guardian, foster parent/facility or child/youth could not agree on:

## Youth's Rights (Age 14 and older)

I was provided with the following rights and my questions were answered:

### Education

- To receive an appropriate education which will maximize your potential and includes the opportunity to participate in extracurricular activities
- To stay in your home school if appropriate
- To receive supports and services to participate in school
- To receive information regarding educational opportunities available, including but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid of postsecondary education

### Health

- To see a doctor, dentist, eye doctor, or talk to a counselor (mental or chemical health) if you need to

### Visitation

- To visit and contact family members as much as possible, unless a judge says you cannot

### Court participation

- To go to court and talk to the judge
- To receive notices of court hearings
- To contact your attorney and/or guardian ad litem

### Documents

- To receive a social security card, birth certificate, state identification or driver's license, tribal enrollment identification card, contact information for siblings in foster care, contact list of health providers, medical and educational records, and immigration documentation if leaving foster care after age 18

### Receive an annual credit report

- To obtain a free copy and to receive help in understanding the report and correcting things that are wrong

### Stay safe

- To live in a safe and nurturing environment
- To be protected from predators so that you can live a safe, happy, and successful life.

Youth signature:

Signature	Date	This plan was explained to me		I received a copy of this plan	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.**

**Required to sign the out-of-home placement plan: the parent or parents or guardian of the child, the child's guardian ad litem, a representative of the child's tribe, the responsible social services agency and if possible, the child. [Minnesota Statutes, section 260C.212, subdivision 1(b)]**