 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 6/27/01	Reviewed: 12/6/10 By: DT Last Revision: 12/7/10	Section: LIAISONS	Policy No: 035	Pages: 1 of 2 (7 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: 1/1/11	Subject: FOSTER CARE PLACEMENT - TREATMENT		

I. POLICY

It is the policy of Wraparound Milwaukee that anytime a child is placed in a Treatment Foster Care setting, the following guidelines/criteria be followed.

II. PROCEDURE

A. A Plan of Care (POC) Review must occur with the entire Child & Family Team to determine that the youth's and family's needs would best be met by a Treatment Foster Home placement.

1. The Care Coordinator, in collaboration with the BMCW Worker and/or Probation Officer, must explain to the Child & Family Team at this POC Review what a Treatment Foster Home will provide. The Care Coordinator must have a Release of Information signed for all Treatment Foster Care Agencies in the Provider Network.
2. The Care Coordinator must complete the Wraparound Milwaukee TREATMENT FOSTER CARE REFERRAL FORM and the TREATMENT FOSTER REFERRAL-SUPPLEMENTAL INFO form, if there is no Plan of Care (*see Attachment 1*). Both forms are located under the Client Forms tab in Synthesis. The Care Coordinator should print the Referral and have their Supervisor review and sign the Referral. The Care Coordinator should then forward one copy of the completed Referral, the psychological evaluation, the WHAT YOU SHOULD KNOW ABOUT ME form (found on our website under "Frequently Used Forms" - *see Attachment 2*) and letters of introduction/support from team members to Diane Thompson. The Care Coordinator must maintain regular and consistent contact with all appropriate agencies until a home is found.
3. The Care Coordinator must arrange for the youth's pre-placement visit(s) at the identified home **and should be present to introduce the youth to the potential family. The youth's guardian/parent should be included in this process whenever appropriate.**
4. The Care Coordinator must **refer to the Resource Guide for specific contract codes and rates, which should be discussed prior to the youth being moved to a specific home. Specialized treatment foster care rates must be approved prior to placement in writing by Diane Thompson.**
5. The Care Coordinator must facilitate the inclusion of the Treatment Foster Care Parents and the Treatment Foster Care Worker into the Child & Family Team.

B. Required Legal Action and Required Forms.

1. **For a CHIPS Youth**, the Care Coordinator must secure a copy of the official BMCW legal "Notice of Change in Placement" **filed by the BMCW Case Manager before** the youth is moved. The Care Coordinator should then complete the forms below as appropriate to the youth's situation **and as indicated in the Change of Placement Policy #005**:
 - NOTICE OF CHANGE IN PLACEMENT (*see Attachment 3*)
 - FINANCIAL ASSESSMENT REFERRAL (FAR) (*see Attachment 4*), along with a copy of the ORDER FOR TEMPORARY PHYSICAL CUSTODY (TPC) (*see Attachment 5*), **if this placement removes the youth from the home of the parent or guardian.**
- For a Delinquent or JIPS Youth**, the Care Coordinator should complete the forms below as appropriate to the youth's situation **and as indicated in the Change of Placement Policy #005**:
 - NOTICE OF CHANGE IN PLACEMENT (*see Attachment 3*)
 - FINANCIAL ASSESSMENT REFERRAL (FAR) (*see Attachment 4*), along with a copy of the ORDER FOR TEMPORARY PHYSICAL CUSTODY (TPC) (*see Attachment 5*), **if this placement removes the youth from the home of the parent or guardian.**

WRAPAROUND MILWAUKEE

Foster Care Treatment Policy

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2. All youth that are in substitute care placements for six months or more will be required to have their case reviewed by a Court Official in a court proceeding or by an Administrative Review Board (ARB). A typed PERMANENCY PLAN CASE REVIEW (*see Attachment 6 – found under the “Forms” tab in Synthesis*) must be presented to this Board. [Please refer to the ARB Policy.](#)

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director

TREATMENT FOSTER CARE REFERRAL FORM

Date: 8/6/08

Youth's Name: Sample, Client

DOB: 1/1/98

Care Coordinator Information

Name

Phone Number(s):

Email:

Current Placement:

<i>Date</i>	<i>Type</i>	<i>Location</i>
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Permanency Plan:

Youth / Mother / Father Addresses (if known)

Youth	Client Sample	88 S. 8th St. Milwaukee, WI 55555	Ph: Home 222-2222
Mother	Aggie Sample	<i>nothing entered</i>	Ph:
Father	Bill Hale	PO Box 123 Milw, Wi 53226	Ph:

Target Date for TFC Home Placement

09/30/2008

Anticipated Length of TFC Home Placement

XXXXX

What is the desired outcome from the Treatment Foster Home?

XXXXX

Please share some of the activities this youth enjoys and does well.

XXXXX

Please share some strenghts/supports of the Child & Family Team

XXXXX

PHYSICAL / MEDICAL INFORMATION

Gender: Female **Ethnicity:** Caucasian

Approximate Height / Weight

XXXXX

Date of last physical exam

(Attach Copy - MUST BE within the last 90 days or within 48 hours of placement.)

07/30/2008

Test Results

List and attach forms signed by M.D.

XXXX

Have there been any medication changes since the last POC?

Yes

If YES, list the changes to the medications.

XXXXX

Medical Concerns/Physical Limitations/Allergies

XXXXX

MATCH FACTORS

Is a special supervision pattern required?

Are there safety, risk issues, etc.?

Yes

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Within Milwaukee County | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Outside Milwaukee County | <input type="checkbox"/> Race _____ |
| <input type="checkbox"/> 2-Parent | <input type="checkbox"/> Younger Children in Home |
| <input type="checkbox"/> Single-Parent, Female | <input type="checkbox"/> Older Children in Home |
| <input type="checkbox"/> Single-Parent, Male | <input type="checkbox"/> No Children in Home |
| <input type="checkbox"/> Same Gender Partner Households | <input type="checkbox"/> No Pets |

Which factors are negotiable? _____

If YES, explain what type of supervision is required.

XXXXX

VISITATION

Contact Allowed

Please include parents, siblings and relatives. Include the person's name, phone number, relationship to the youth, what type of contact is allowed [supervised or not, phone only, therapy] and time frames [hours, days, overnights]

XXXXXX

NO Contact Allowed

List the name, relationship to youth and phone number of persons with a No Contact Order per the Court

XXXX

Required Attachments:

- Letter of introduction from the youth
- Letters of support from the team
- Supplemental Referral Information document (if no POC available)
- Copy of most recent psychological evaluation

Care Coordinator's Supervisor's Signature _____ Date _____



Wraparound Milwaukee

TREATMENT FOSTER CARE REFERRAL SUPPLEMENTAL INFORMATION

Report Date: 5/10/10

Youth: Sample1, Client

DOB: 1/1/90

Primary Contacts

<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>City, State ZIP</i>	<i>Phone No.</i>
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Child and Family Team List

<i>Name</i>	<i>Relationship to Youth</i>	<i>Phone Number</i>
Mary Sample	Mother	
Sue smith	Friend	

Court Information

<i>Order Type(s)</i>	<i>Court Number</i>	<i>Exp Date</i>
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Current Medication(s) and dosage

XXXX

YYYY

Prescribing Physician's Name and Phone Number

DR. XYC- 414-xxx-yyyy

+

Pediatrician's or Health Clinic's Name and Phone Number

Dr. ABC 414-123-4567

Psychiatric Diagnoses

List all five axes

AB

CB

DB

EB

FB

Family History

Coping strategies, resiliency and resources that have proven most helpful to this family in meeting their challenges. Include relevant AODA, mental illness, domestic violence and corresponding treatment history of parents and adult family and how this may have or continues to influence this youth and family.

XXXXXXXXXXXXXXXXXXXX

YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY

WHAT

YOU

SHOULD

KNOW

ABOUT

ME!!!

Who Am I?

Name: _____

Age _____ Hometown(where I grew up) _____

This is what I want others to know about my family.

This is what I want other people to know about my education.

3 things that interest me.

1. _____
2. _____
3. _____

These are my **STRONG** points.

These are things I want or need to work on.

What are things that make me happy?

What are things that make me upset?

These are things that help me calm down when I am upset

What type of music do I enjoy?

What are my favorite foods?

What are my hobbies? (what do I do for fun)

The people who are supports for me now are.....

The people I look up to most are.....

Looking at my Future.....

What do I need for a positive future?

The type of community that would be best for me is.....

The type of place I want to live next is...

3 goals for my future are...

1.

2.

3.

The type(s) of job(s) I'm interested in would be....

The type of education I want for my future is.....

Looking at my concerns.....

My biggest mistakes have been.....

How I feel about my mistakes.....

Something I want someone to forgive me for is....

My biggest concerns or questions are....

When someone works with me its helpful if

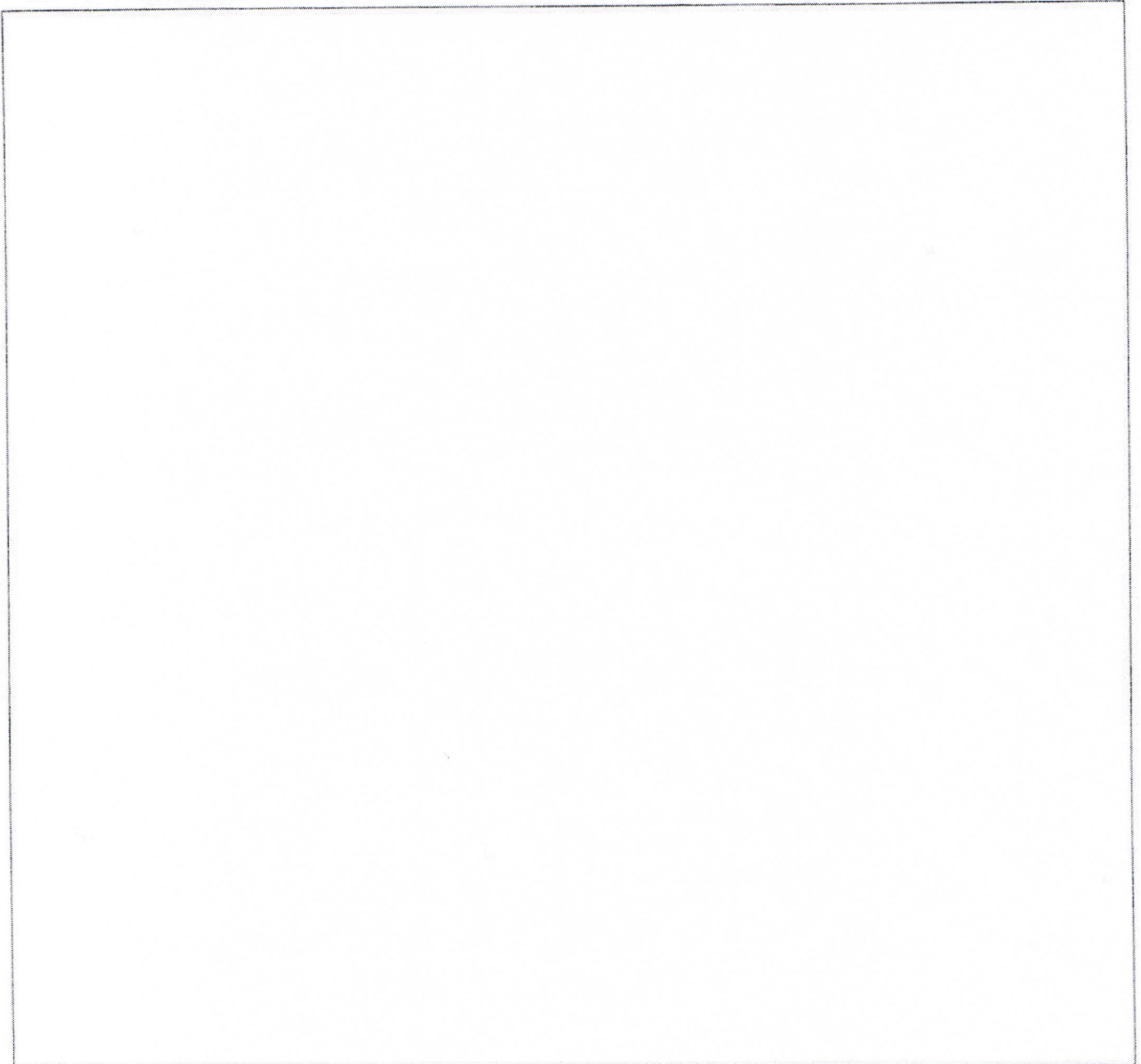
When someone works with me it is not helpful when....

Sometimes people misjudge me and what I want people to know about me is...

Showing my talents.....

I am talented.... My talents are.....

USE THE SPACE BELOW TO CREATE SOMETHING THAT TELLS ABOUT YOU (POEM, PICTURE, SONG, STORY, ETC....)



**WRAPAROUND MILWAUKEE
Foster Care Treatment Policy
Attachment 3**

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE INTEREST OF

Smith, John
Name

**Notice of
Change in Placement**
 Out of Home to Out of Home
 Out of Home to In Home
 In Home to In Home

12/11/90
Date of Birth

Case No. 99JV000000

This placement was will be changed on (date) 6/25/08 as follows:

This change was was not authorized by the original dispositional order.

Give reason for new placement, why it is preferable and how it satisfied treatment plan:

Youth is transitioning home from Lad Lake. Wraparound Milwaukee will continue to provide ongoing case management services.

Name and address of new placement:

Mary Smith
3035 W. Wisconsin Avenue #207
Milwaukee, WI 53208

If placement continues to be outside the home, the parents/guardian/legal custodian/trustee will be required to pay support for the placement.

Hearing Rights

If you object to the change in placement:

- A written request for a hearing must be filed with the court listed above within 10 days of your receipt of this notice. Copies of this request should be sent to all concerned parties.
- The change of placement is authorized in the current dispositional order. Therefore, your request for a hearing must allege new information which affects the advisability of that dispositional order.

Distribution:

1. Original - Court
2. Child/Juvenile
3. Parents/Guardian/Legal Custodian/Trustee
4. Social Worker/District Attorney/Corporation Counsel
5. Juvenile's Attorney

Signature of Case Worker/District Attorney/Corporation Counsel

Owen Felix for Skyla Roper
Name Printed or Typed

6/9/08
Date

JD-1754, 04/07 Notice of Change of Placement (Out of Home to Out of Home/Out of Home to In Home/In Home to In-Home) ss48.357 and 938.357, Wisconsin Statutes

This form shall not be modified. It may e supplemented with additional material.



Wisconsin Child Protective Services

Financial Assessment
Referral



State of Wisconsin

Referral Date: _____

1. Enter the following information on the child for whom Title IV-E/Medicaid benefits are being requested:

Child's Name: _____ DOB: _____ SSN: _____
 Race: _____ Sex: _____ Date of Petition: _____
 F# _____ CC# _____ Next CT Date: _____
 Child Placed At: _____ Address: _____
 Date of Placement: _____ Voluntary Court Ordered VPA/Order Date: _____
 Child Removed From the Home Of: Mother: Other: Name: _____
 Father: Relationship to Child: _____
 Mother: Phone: _____
 Name: _____ Address or LKA: _____
 Father: Phone: _____
 Name: _____ Address or LKA: _____
 Date of Removal: _____ Worker's Name: _____ Phone: _____

2. Complete all of the information for each person in the home from which the child was removed:

Name	Relationship to Child	SSN	DOB	US Citizen	Source of Income

3. Did the child reside with any relative during the six months prior to the month the petition was filed, other than those listed in #2?

No Yes Name/Relationship to Child: _____

4. Is the child deprived of one or both parents due to one of the following reasons:

			Mother	Father
Continued Absence	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enter the following information if known:

5. Was the child in receipt of AFDC-MA in the month the petition was filed or in one of the six months prior to the month the petition was filed, or was the child removed from an AFDC-MA household?

Yes No

6. Complete the following chart on the parent(s) that are absent. If both, complete both charts.

Mother's Name:	_____	SSN: _____	Telephone: _____
Address:	_____	DOB: _____	_____
	_____	Race: _____	_____
Employer's Name:	_____	Telephone: _____	_____
Address:	_____		

Health Insurance:	_____		

Father's Name:	_____	SSN: _____	Telephone: _____
Address:	_____	DOB: _____	_____
	_____	Race: _____	_____
Employer's Name:	_____	Telephone: _____	_____
Address:	_____		

Health Insurance:	_____		

7. Family Court Support No./Paternity No.:

Worker Signature

Date

Supervisor Signature

Date



WRAPAROUND MILWAUKEE

PERMANENCY PLAN

A Permanency Plan is to be completed for all youth who are in Out-of-Home Care care (i.e., non-parent/guardian placement). The initial plan must be filed with the Court within 60 days of the youth first being removed from the home. An updated plan must be submitted to the Court and/or be reviewed through an Administrative Panel Review Process after the youth has been in placement 6 months, 12 months, and annually thereafter as long as the youth remains in an out-of-home placement.

Juvenile Name: Sample1, Client

DOB: 1/1/90

Court No.

Type of permanency plan	6 Month Permanency Plan
Hearing Date	07/15/2010
The Permanent Plan goal for this youth is	Return Home
The target date for acheiving this plan is	10/31/2010
Has the youth been out of the home for 15 or more of the last 22 months?	No
If YES above, has a referral been made to the D.A.'s office regarding possible TPR proceedings?	No
If NO, please indicate why no referral was made. youth will be returning home in October	
Summarize any information from school records. XXXXXX	
At the time of placement, was consideration given to the youth's continuing school placement?	Yes
Is the most recent grade report attached?	Yes
Please list all factors considered in the decisions made for placement for this youth. XYZ	
Describe the youth's adjustment to the prior and/or current placement. ABCD	
Is a move from the youth's current placement scheduled to occur in the near future?	Yes
If YES, list placement name and address, and anticipated placement date. 123 W. Smith Drive anywhere USA 06/30/2010	
Explain why the out-of-home care placement (current and proposed) best meets the needs of the youth at this time. HIJK	
Is the current and/or proposed placement within 60 miles of the parental home?	Yes
Is a safe and appropriate placement with a relative available?	No

Wraparound Milwaukee Permanency Plan

Juvenile Name: Sample1, Client

DOB: 1/1/90

Court No.

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If there was a decision not to place the juvenile with an available relative, why was the placement perceived as not safe or appropriate?

MNOPQ

SERVICES PROVIDED BY WRAPAROUND IN THE PAST SIX (6) MONTHS

Service

Vendor

Units / Unit Type

What supports and services are anticipated to be needed in the future?

3456

What conditions do the parent(s) need to meet in order for the youth to return home?

789

What conditions does the youth need to meet in order to return home?

10, 11, 12

Submitted by: _____ Date Submitted:

Review of Responsibilities

Care Coordinator will:

- Provide foster parents with an expected length of time for placement of youth in the foster home and clearly identify the permanency plan.
- Provide foster parents with the names of the Care Coordinator and Supervisor, Agency and phone numbers.
- Provide foster parents with a copy of the most recent Plan of Care and Crisis Plan, meet with the youth and foster parents on a weekly basis in their home (if outside of Milwaukee County, at least monthly).
- Provide the foster parents with adequate notice of Team and Plan of Care meetings and other meetings/appointments.
- Provide foster parents with a copy of the Wraparound Milwaukee Family Handbook.
- Provide information to the foster parents on Wraparound philosophy and process and expectations for involvement.

Foster Parents will:

- Maintain a record of the foster child’s school, medical, dental and immunization information.
- Provide food, clothing, housing, appropriate furniture and personal care items for the child.
- Meet with the Care Coordinator on a weekly basis in their home (if outside of Milwaukee County, at least monthly).
- Participate and attend all Wraparound meetings.
- Assume primary responsibility for implementing in-home care and treatment strategies specified in the Plan of Care.
- Maintain all appropriate documentation.
- Provide or arrange for transportation and child care, as necessary.
- Assist the foster child in having appropriate and positive contact with their family, as approved by the Bureau of Milwaukee Child Welfare or Court.

I have reviewed the above information with the Care Coordinator prior to having _____
(Name of Child)
placed in my home.

Signature of Foster Parent

Date

Signature of Care Coordinator

Date