Case Number: County: Case Agency Worker Name: Phone number & Email: Name: Agency Supervisor Name: Phone number & Email: Date of Custody/ I. Family Name: DOB: Age: 1<sup>st</sup> out-of-home placement: **Demographics** Child/Youth: Child/Youth: Child/Youth: Child/Youth: Child/Youth: Child/Youth Mother of: Age: Address Phone: Email: Attorney for Mother Email: Phone: Mother of: Age: Address Email: Phone: Attorney for Mother Email: Phone: Father of: Age: Address Phone: Email: Attorney for Father Phone: Email: Father of: Age: Address Phone: Email: Attorney for Father Email: Phone: Father of: Age: Address Email: Phone: Attorney for Father Phone: Email: Other Caregiver Age: Address Email: Phone: Other Caregiver Age: Address Phone: Email: Guardian ad litem Phone: Email:

II. (a) Objectives and Activities to Address Identification Accomplish the Primary Plan or Second		or Barriers (complete  If plan is reunificati		
Need (from Strengths and Needs Assessment whe     Barrier:	-	-	, , ,	
Describe behaviors that are of concern or Status of Barr	ier:			
3. Objective/Desired Outcome:				
Activities (for parents/family member)		Who is Responsible	Target Date	Activity Progress Notes
Activities (for child welfare agency)		Who is Responsible	Target Date	Activity Progress Notes
Progress toward Achieving the Objective/Desired	Outcome			
Review status: Date	Comr	nents:		
Objective Achieved in full				
☐ No longer appropriate				
Partially Achieved				
☐ Not Achieved				
Review status: Date	Comm			
□ Objective Achieved in full	Comments:			
□ No longer appropriate				
Partially Achieved				
☐ Not Achieved				
<u> </u>				
Review status: Date	Comr	ments:		
Objective Achieved in full				
No longer appropriate				
Partially Achieved				
Not Achieved				

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II. (b) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)  To Accomplish the  Primary Plan or  Secondary Plan If plan is reunification, identify parent(s):						
1. Need (from Strengths and Needs Assessment when Barrier:	goal is re	eunification):				
2. Describe behaviors that are of concern or Status of Barrie	er:					
3. Objective/Desired Outcome:						
Activities (for parents/family member)		Who is Responsible	Target Date	Activity Progress Notes		
		140 : 5	T . D .			
Activities (for child welfare agency)		Who is Responsible	Target Date	Activity Progress Notes		
Progress toward Achieving the Objective/Desired	Outcom	e				
Review status: Date	Comr	nents:				
Objective Achieved in full						
No longer appropriate						
Partially Achieved						
☐ Not Achieved						
Review status: Date	Comr	ments:				
Objective Achieved in full	Comments:					
□ No longer appropriate						
Partially Achieved						
☐ Not Achieved						
	- I -					
Review status: Date	Comr	ments:				
Objective Achieved in full						
No longer appropriate						
Partially Achieved						

II. (c) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)							
То	To Accomplish the 🗌 Primary Plan or 🗌 Secondary Plan 💮 If plan is reunification, identify parent(s):						
1.	<ul><li>☐ Need (from Strengths and Needs Assessment wh</li><li>☐ Barrier:</li></ul>	en goal is re	eunification):				
2. I	Describe behaviors that are of concern or Status of Ba	rrier:					
3. 0	Objective/Desired Outcome:						
<u> </u>							
	Activities (for parents/family member)		Who is Responsible	Target Date	Activity Progress Notes		
	Activities (for child welfare agency)		Who is Responsible	Target Date	Activity Progress Notes		
Dr	ogress toward Achieving the Objective/Desire	d Outcom	•				
Re	view status: Date	Comr	ments:				
Щ	Objective Achieved in full						
	No longer appropriate						
Н	Partially Achieved						
	Not Achieved						
Do	view status: Date	Come	mantai				
Re	Objective Achieved in full	Comments:					
H	No longer appropriate						
H	Partially Achieved						
H	Not Achieved						
		<u> </u>					
Re	view status: Date	Comr	ments:				
	Objective Achieved in full						
	No longer appropriate						
	Partially Achieved						
	Not Achieved						

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II. (d) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)							
To Accomplish the 🗌 Primary Plan or 🗌 Secondary Plan 🔝 If plan is reunification, identify parent(s):							
☐ Barrier:	Strengths and Needs Assessment wh	-	eunification):				
2. Describe behavior	rs that are of concern or Status of Ba	arrier:					
3. Objective/Desired	Outcome:						
Activ	rities (for parents/family member)		Who is Responsible	Target Date	Activity Progress Notes		
			·				
Acti	ivities (for child welfare agency)		Who is Responsible	Target Date	Activity Progress Notes		
Draggaga taward	Ashioving the Objective/Desire	- d Outoom	_				
Progress toward	Achieving the Objective/Desire	ea Outcom	9				
Review status: Date		Comr	ments:				
Objective Achie							
☐ No longer appro							
Partially Achiev	red						
Not Achieved							
Review status: Date		00000	mantai				
Objective Achie		Comi	ments:				
No longer appro							
Partially Achiev							
Not Achieved	eu						
☐   Not Achieved							
Review status: Date		Comr	ments:				
Objective Achie							
☐ No longer appro							
Partially Achiev							
☐ Not Achieved							

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III. Pa	Arent(s) Wellbeing Needs/Additional Needs  Check N/A if parental rights have been terminated  N/A  Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? Yes  No  If not, how are these needs being addressed?
IV. C	ourt  Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? ☐ Yes ☐ No If not, explain:
	Date of next Court Review: Date of last Court Review:
	Recommendations regarding parents/caretakers or barriers for the next court hearing:

V. Signatures In signing below, I understand that the information obtained during this meeting shall remain confidential and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Participated in:	Received copy
Parent			☐ PPR _	☐ Yes
			☐ FSA ☐ CFT	☐ No
Parent			☐ PPR	☐ Yes
			☐ FSA ☐ CFT	☐ No
Child/Youth			☐ PPR	Yes
Oma, rodar			☐ FSA ☐ CFT	☐ No
Child/Youth			☐ PPR	Yes
			☐ FSA ☐ CFT	☐ No
Child/Youth			☐ PPR	☐ Yes
			☐ FSA ☐ CFT	☐ No
Child/Youth			☐ PPR	Yes
			☐ FSA ☐ CFT	☐ No
Agency Worker			PPR _	☐ Yes
			☐ FSA ☐ CFT	☐ No
Agency Supervisor			PPR _	☐ Yes
			☐ FSA ☐ CFT	☐ No
Guardian ad litem			PPR _	☐ Yes
			☐ FSA ☐ CFT	☐ No
Placement provider			☐ PPR	Yes
			☐ FSA ☐ CFT	□No
Placement provider			☐ PPR	☐ Yes
			☐ FSA ☐ CFT	☐ No
Tribal Representative			□ PPR	Yes
			☐ FSA ☐ CFT	☐ No
Other			☐ PPR	Yes
Relationship/Phone/Email			☐ FSA ☐ CFT	☐ No
Other			□ PPR	Yes
Relationship/Phone/Email			☐ FSA ☐ CFT	□No
Others Invited but Unable				
to Attend				