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|  | **New Jersey Judiciary****Superior Court - Family Division****Initial Review -- Child Placement Review (CPR) Board Recommendation to the Judge** | County of  |       |
| Review Date |       |
| Board # |       |
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| --- | --- | --- | --- |
| Child | Date of Birth | Age | Division Case Manager / Supervisor |
|       |       |       |       |
| **NJSpirit Participant #:** |       |  |  |  |
| **Docket Numbers:** | FN-      | FG-      | FJ-      |
| FC-      |  |  | FF-      |
|  | Next FN court date |       | Next FG court date |       | Next FJ-FF court date |       |
| Date of Current Placement | Repeated Placement |  |  | Date of Family Summary / Case Plan /  |
|  | [ ]  Yes | [ ]  No | Court Report -- Out-of-Home |
| Authority for Placement |  |       |
| [ ]  | Residential | If yes, Date of original placement |  |
| [ ]  | Independent Living |       |  |
| [ ]  | Court Order |  |  |
| **Division Placement Type (Short Term Plan)** | **Division Long Term Goal** |
| [ ]  | Resource Home – Relative – Family Friend | [ ]  | Reunification w/ Parent / Guardian |
| [ ]  | Resource Home – Non-Relative | [ ]  | Permanency w/ Relative / Family Friend |
| [ ]  | Group Home |  |  |
| [ ]  | Institution (Med / Rehab / Psych) |  |
| [ ]  | Residential Facility (Educ / Treatment) | **If the Long Term Goal is Adoption:** |
| [ ]  | Other (explain) |       | [ ]  Relative | [ ]  Resource Parent(s) | [ ]  Selected Home | [ ]  Undetermined |
| 1. | Agency placement plan for this child is consistent with N.J.S.A. 30:4C-55, -58 and – 60 | [ ]  Yes | [ ]  No |
| 2. | **Current goal is** | [ ]  Acceptable | [ ]  Not Acceptable |
|  | **Current plan is** | [ ]  Acceptable | [ ]  Not Acceptable |
| 3. | **Date the Division proposed goal / plan** is to be achieved: |       | Date satisfies **Review Board?** | [ ]  Yes | [ ]  No |
|  | **If No**, **Review Board goal date:** |       |  |
| 4. | Is there a **current health form**? | [ ] Yes | [ ] No |
| 5. | Is there a **current education form**? | [ ] Yes | [ ] No |
| 6a. | Is there an **independent living assessment**? (**if child is over 14 yrs.,** attach documentation) | [ ]  Yes | [ ]  No |
| 6b. | Is there a **current independent living plan**? (**if child is over 16 yrs.,** attach documentation) | [ ] Yes | [ ] No |
| **Appearances:** |
| [ ]  Parent | [ ]  Parent | [ ]  Resource Family(s) | [ ]  Division Supervisor | [ ]  Division Caseworker |
| [ ]  Other |       |  |  |  |  |

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| Board members attending review (initials only)  |
| [ ]  Chairperson |   | [ ]  Board Member |   | [ ]  Board Member |   | [ ]  Board Member |   | [ ]  Board Member |   |
| Reasonable Efforts |
| Have the Division’s **reasonable efforts to prevent** the placement been documented on the Initial Court Order or on the Order to Show Cause? | [ ]  Yes | [ ]  No |
| **If No, what were the reasonable efforts?** |
|  |
| Board Recommends & Additional Comments: |
|  |