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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?** | | | | | | | | | | | | |
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| Board Recommends & Additional Comments: | | | | | | | | | | | | |
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