

FOSTER CARE PLACEMENT DECISION NOTICE

Michigan Department of Human Services

This foster care placement decision notice is being sent to you to notify you of the placement decision made for the child. MCL 722.954a requires to make a placement decision for the child and document the reason(s) for the decision. The statute states that any person who receives this notice may, within 5 business days, request in writing, more specific reasons for the placement decision.

If you do not agree with the placement decision, you may request that the child's attorney review the decision to determine whether the decision is in the child's best interest. If the child's attorney disagrees with the placement decision, s/he shall petition the court for a review hearing within 14 days. At the hearing, the court will determine where the child will be placed. The child will remain in their current placement during this procedure and until the court has made a decision.

Case Name:	DOB:	Case Number #:
Date of Initial Removal:	SWSS Log #	Court File #:

Child's Current Placement:

If other, specify: _____

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Placement Decision:

If other, specify: _____

Child will remain in current placement:

Child will be moved to a new placement: (Check one)

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Rationale for placement decision: (Check all that apply)

- Best interest of the child
- Attempts to identify relatives were unsuccessful
- Available relatives do not meet current DHS standards for placement
- Identified relatives unable to take placement of child

In determining the most appropriate placement for this child, the following factors were considered as they relate to a goal of permanence for the child.

- Long range plan for the child. The permanency-planning goal is: _____
- Permanent family for the child at earliest possible date.
- Minimum number of placements for the child.
- Child's previous placement history.
- Potential for permanence within the child's kinship network.

Placement decision is based on the following placement selection criteria for this child:

(Check all that apply):

- Best interest of child and placement meets the needs of the child, including:**
 - Physical and emotional needs of the child.
 - Special needs of the child.
 - Specialized services required to meet the needs of the child.
 - Accessibility of required services to the child.
- Placement with relatives:** priority is to be given to placement with extended family able to meet the needs of the child. **Criminal history, CPS central registry check and written home study are required for all relative placements.**
- Proximity to the child's family:** Placement is in the county of residence or in a contiguous county or the placement is with a relative where there is family agreement for the placement.
- Placement with sibling(s):** efforts to place sibling groups in the same out-of-home placement must be given priority except when not in the child(ren)'s best interest.
- Child's and child's family's religious preferences:** placement affords the child an opportunity for expression of religious beliefs and practices as identified by child's family.
- Least restrictive setting:** placement is the most family-like setting to meet the needs of the child.
- Continuity of relationships:** placement preserves and maintains relationships with the psychological parents, friends, teachers, etc.
- Availability of placement resources for purposes of timely placement:** placement is available to meet the child's needs and is in the child's best interest.

Copies of this decision must be mailed to all that are applicable:

Child's attorney <input type="checkbox"/>	Guardian <input type="checkbox"/>	Guardian Ad Litem <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>
Attorney for mother <input type="checkbox"/>		Attorney for father <input type="checkbox"/>	Prosecutor <input type="checkbox"/>	
All relatives who have expressed an interest <input type="checkbox"/>			The child, if old enough to express an opinion <input type="checkbox"/>	

Foster Care Worker Signature: _____ Date: _____

Foster Care Supervisor Signature: _____ Date: _____

DHS Monitor Signature: _____ Date: _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

cc. Court
Case File (Required)