

CAREGIVER PERMANENCY PLANNING CHECKLIST

This form will help the caseworker determine whether the caregiver is interested in pursuing adoption, subsidized guardianship, or an alternative permanency options for the children in care. The form is to be used as documentation of the planning process. The caregiver’s responses will help direct the worker’s actions with respect to achieving permanency for the children in care. This form must be signed by the caseworker, the caseworker’s supervisor, the caregiver, an adoption coordinator/supervisor, and any child who is 14 years of age or older.

Case Name _____	Caseworker's Name _____
Child's Name _____	Caseworker's RG/ST/FD _____
Child's ID Number _____	Employing Agency _____
Caregiver Name and Address _____ _____	Address: _____ _____
_____	Date Completed: ____ / ____ / ____

Instructions:

The caseworker and appropriate support staff should ask the caregiver to respond to these statements for those children for whom adoption/subsidized guardianship have been determined appropriate to explore. One form should be completed for each child in the home for whom the goals of adoption and subsidized guardianship are being discussed with the caregiver. The checklist should be completed only after subsidized guardianship and adoption have been discussed with the caregiver.

Please ask the Caregiver to respond to the following statements:

	Check One	
	Yes	No
a. If the children cannot return to their parent(s), the best long range plan is for them to stay with me.	<input type="checkbox"/>	<input type="checkbox"/>
b. I am interested in caring for the child(ren) without casework intervention.	<input type="checkbox"/>	<input type="checkbox"/>
c. I am capable of caring for the child(ren) without casework intervention.	<input type="checkbox"/>	<input type="checkbox"/>
d. I have the support from family, friends, community, etc., needed to raise the child(ren).	<input type="checkbox"/>	<input type="checkbox"/>
e. I am willing and able to work with the school child(ren)’s needs.	<input type="checkbox"/>	<input type="checkbox"/>
f. As the child(ren)’s guardian, I am willing and able to manage visits/relationship between the parent(s) and child(ren) to ensure the child(ren)’s safety.	<input type="checkbox"/>	<input type="checkbox"/>
g. I am willing and able to continue providing a safe and stable home environment for the child(ren) until they reach adulthood.	<input type="checkbox"/>	<input type="checkbox"/>
h. I am confident in my ability to manage family issues such as illness.	<input type="checkbox"/>	<input type="checkbox"/>
i. I do not have any health conditions that significantly limit my ability to care for this child.	<input type="checkbox"/>	<input type="checkbox"/>
j. I am willing to accept the subsidy payment in lieu of my current payments.	<input type="checkbox"/>	<input type="checkbox"/>
k. The child is well integrated into my family.	<input type="checkbox"/>	<input type="checkbox"/>

SELECTING A PERMANENCY GOAL

Place a check in the box above the permanency goal that is most appropriated to pursue in light of the caregiver's responses to the preceding questions. If all of the answers to the preceding questions are "yes" then adoption should be pursued for the child unless one of the adoption "rule out" criteria is met, then subsidized guardianship should be pursued for the child. If there are any "no" answers to the preceding checklist, then type an X in the box above "alternative goal" and indicate which permanency goal is going to be pursued for the child.

Adoption

Subsidized Guardianship

Alternative Goal (specify)_____

ADOPTION "RULE OUT" CRITERIA

(check all that apply)

Relative Caregiver

- child does not want to be adopted (age 14 and over)*
- there are no grounds for termination and the parent refuses to sign a consent or surrender
- caregiver is uncomfortable altering family relationships

Non relative Caregivers (for Youth 14 years of age and older ONLY)

- child does not want to be adopted (age 14 and over)*
- there are no grounds for termination and the parent refuses to sign a consent or surrender
- child was listed on Adoption Information Center of Illinois Adoption Listing Services at least 12 months with active recruitment efforts and no adoptive resource found even with an offer of adoption assistance.

Caregiver's Signature _____

Date _____

Worker's Signature _____

Date _____

Casework Supervisor's Signature _____

Date _____

Adoption Coordinator's Signature _____

Date _____

A CHILD 14 YEARS OF AGE OR OLDER

It is important to discuss current and planned living arrangements with even very young children. If the child is 14 years or older the law requires that they consent to adoption or subsidized guardianship. If there are children in the home who are 14 years of age or older, the caseworker should determine whether they are in agreement with the permanency goal that the caseworker plans to pursue. The permanency goal should not be pursued for the child until the child's issues, questions or issues related to adoption or subsidized guardianship have been addressed by the caseworker or through counseling.

Child's Signature _____

Date _____