

CASEWORKER PERMANENCY PLANNING CHECKLIST

This form will help the caseworker determine whether reunification is no longer an appropriate goal for a child and whether the child's current placement would be an appropriate home for adoption or subsidized guardianship. The form must be signed by the caseworker and the caseworker's supervisor.

Do not complete this form if adoption is the goal on the service plan and it is actively being pursued.

Child's Name _____ Caseworker's Name _____
Child's I.D. Number _____ Caseworker's RG/ST/FD _____
Caregiver Name _____ Employing Agency _____
Caregiver Provider Number _____ Date Completed ____ / ____ / ____

Instructions:

A separate form must be completed for every child who meets the following criteria:

1. The child has resided for at least 6 consecutive months in the home of licensed prospective relative guardian;
2. The prospective relative guardian has been a licensed foster parent for at least the consecutive 6 month period that the child has been in his/her home; OR
3. The child is a sibling of an eligible child who is placed with the same relative under a kinship guardianship agreement and the Department and the relative guardian agree that the placement is appropriate; OR
4. The child is 14 years of age or older and has lived with a licensed NON-RELATIVE for at least a consecutive 6 month period.

**CHECK
ONE**

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. The caregiver meets at least the minimum licensing standards. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reunification with the birth mother is unlikely because of one or more of the following reasons (check all that apply): | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> parent whereabouts are unknown | | |
| <input type="checkbox"/> parent has not cooperated with the service plan | | |
| <input type="checkbox"/> parent is willing to sign a consent to have guardianship transferred to the caregiver or to have the caregiver adopt | | |
| <input type="checkbox"/> parent is deceased | | |
| <input type="checkbox"/> parental rights have been terminated | | |
| <input type="checkbox"/> other (please specify) _____ | | |
| c. The caseworker has documentation in the case file or can easily obtain documentation to support response to question b. | <input type="checkbox"/> | <input type="checkbox"/> |

**CHECK
ONE**

YES **NO**

- d. Reunification with the birth father is unlikely because of one or more of the following reasons (check all that apply):
- parent whereabouts are unknown
 - parent has not cooperated with the service plan
 - parent is willing to sign a consent to have guardianship transferred to the caregiver or to have the caregiver adopt
 - parent is deceased
 - parental rights have been terminated
 - other (please specify) _____
- e. The caseworker has documentation in the case file or can easily obtain documentation to support response to question d. YES NO
- f. The caregiver demonstrates that he/she possesses the capability to assume the role of primary caregiver. YES NO
- g. The caregiver demonstrates the capability to work cooperatively with the school to address the child's academic needs. YES NO
- h. The caregiver demonstrates the capability to access appropriate medical care for the child. YES NO
- i. The caregiver demonstrates the ability to manage parent-child visitation so as to ensure that the child is not subject to harm or mistreatment. YES NO
- j. The caregiver provides a safe and stable home environment that poses no dangers to the child. YES NO
- k. The caregiver demonstrates the ability to manage family issues such as illness and child-rearing problems. YES NO
- l. The caregiver demonstrates the ability to meet the special needs of the child or the child does not have any special needs. YES NO
- m. The child appears well integrated into the family. YES NO

PERMANENCY PLANNING

Place a check in the box in front of the permanency goal that seems most appropriate to explore with the caregiver in light of the caseworker's answers to the above questions. If the caseworker answers "yes" to all of the preceding questions, adoption/subsidized guardianship should be explored with the family. If any answers to the preceding questions are "no", indicate which alternative permanency goal should be pursued.

- Return Home, 5 or more months
- Subsidized Guardianship/Adoption
- Independence
- Substitute Care, home environment not appropriate
- Other (specify) _____

If subsidized guardianship/adoption is chosen as the alternative to explore with the family for the child, proceed with the assessment by completing the Caregiver Permanency Planning Checklist. If the caseworker does not believe that return home, adoption, or subsidized guardianship is appropriate, and that the current living arrangement is not an appropriate permanent placement, the checklist should be placed in the permanency planning section of the case file. In this event, the case should be reviewed to determine if it is in the child's best interest to remain in the current placement.

Worker's Signature _____ Date _____

Supervisor's Signature _____ Date _____