



FOSTER & ADOPTIVE CARE COALITION FOR EVERY CHILD... A PLACE TO CALL HOME

Roadmap to Permanency

Fill in date when item is completed (or will be completed) and by whom.

Youth is prepared for permanency

_____ Permanency has been thoroughly explored with the youth, therapeutically if necessarily.

Person responsible _____

_____ Unsupervised visits with the identified resource family are underway.

_____ Youth's current educational issues have been addressed.

_____ Youth's new school has been identified.

_____ Youth's mental health issues have been addressed.

_____ Youth and resource family are receiving family therapy in advance of placement.

_____ Other: _____

_____ Other: _____

Resource family is prepared for permanency

Family understands youth's history and needs.

_____ Family understands available resources and formal post-permanency supports.

_____ Family has been referred for licensure.

_____ Barriers to permanency have been identified and a plan for resolution is in place.

_____ Natural and formal supports checklist has been completed.

_____ Summer/non-school hour safety/supervision plan has been completed.

_____ Other: _____

_____ Other: _____

Kinship packet/PRIDE application completed

Home safety checklist

_____ Child abuse/neglect background check

Funded through a Cooperative Agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # 90C010391.





Criminal background check (finger prints)

_____ Personal references _____

_____ Physical health statement _____

_____ Proof of car insurance _____

_____ School references (if children are in the home) _____

Licensing completed

Enrolled

_____ Completed _____

Behavioral modification training

_____ Enrolled _____

_____ Completed _____

CPR certificate

_____ Enrolled _____

_____ Completed _____

Home Study

_____ Started _____

_____ Completed _____

_____ Supervised visits _____

_____ Unsupervised visits _____

_____ Placement _____

_____ Natural, formal, and community supports in place (complete checklist) _____

_____ Met with adoption attorney _____

_____ Adoption hearing scheduled _____

_____ Subsidy approved _____

_____ Adoption hearing held _____

