



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.
Person responsible _____
- _____ Youth's current educational issues have been addressed.
Person responsible _____
- _____ Youth's new school has been identified.
Person responsible _____
- _____ Youth's mental health issues have been addressed.
Person responsible _____
- _____ Youth and resource family are receiving family therapy in advance of placement.
Person responsible _____
- _____ Other: _____
Person responsible _____
- _____ Other: _____
Person responsible _____

Resource family is prepared for permanency

- _____ Family understands youth's history and needs.
Person responsible _____
- _____ Family understands available resources and formal post-permanency supports.
Person responsible _____
- _____ Family has been referred for licensure.
Person responsible _____
- _____ Barriers to permanency have been identified and a plan for resolution is in place.
Person responsible _____
- _____ Natural and formal supports checklist has been completed.
Person responsible _____
- _____ Summer/non-school hour safety/supervision plan has been completed.
Person responsible _____
- _____ Other: _____
Person responsible _____
- _____ Other: _____
Person responsible _____

Kinship packet/PRIDE application completed

- _____ Home safety checklist
Person responsible _____
- _____ Child abuse/neglect background check
Person responsible _____



- _____ Criminal background check (finger prints)
Person responsible _____
- _____ Personal references
Person responsible _____
- _____ Physical health statement
Person responsible _____
- _____ Proof of car insurance
Person responsible _____
- _____ School references (if children are in the home)
Person responsible _____

Licensing completed

Pre-service training

- _____ Enrolled
Person responsible _____
- _____ Completed
Person responsible _____

Behavioral modification training

- _____ Enrolled
Person responsible _____
- _____ Completed
Person responsible _____

CPR certificate

- _____ Enrolled
Person responsible _____
- _____ Completed
Person responsible _____

Home Study

- _____ Started
Person responsible _____
- _____ Completed
Person responsible _____

Placement completed

- _____ Supervised visits
Person responsible _____
- _____ Unsupervised visits
Person responsible _____
- _____ Placement
Person responsible _____

Permanency completed

- _____ Natural, formal, and community supports in place (complete checklist)
Person responsible _____
- _____ Met with adoption attorney
Person responsible _____
- _____ Adoption hearing scheduled
Person responsible _____
- _____ Subsidy approved
Person responsible _____
- _____ Adoption hearing held
Person responsible _____