



FOSTER & ADOPTIVE CARE COALITION

FOR EVERY CHILD... A PLACE TO CALL HOME

Roadmap to Permanency

Check the box for each item as they are completed.
For items not completed by case closure, record the projected date.

Youth is prepared for permanency			
Completed	Projected Date of Completion	Task	Person Assigned
<input type="checkbox"/>		Idea of permanency with the specified resource is introduced to the youth. Utilize therapy if necessary.	
<input type="checkbox"/>		Begin supervised visits with the identified resource.	
<input type="checkbox"/>		Begin unsupervised visits with the identified resource.	
<input type="checkbox"/>		Educational concerns are addressed and a plan for resolution is in place.	
<input type="checkbox"/>		Youth's new school is identified.	
<input type="checkbox"/>		Mental health concerns are addressed through continued therapy and medication management.	
<input type="checkbox"/>		Youth and resource family begin family therapy prior to placement if appropriate.	
<input type="checkbox"/>		Other:	
<input type="checkbox"/>		Other:	

Resource family is prepared for permanency			
Completed	Projected Date of Completion	Task	Person Assigned
<input type="checkbox"/>		Family is provided with a full summary of youth's history and needs.	
<input type="checkbox"/>		Supports Checklist has been completed with the family.	
<input type="checkbox"/>		Family is referred for licensure.	
<input type="checkbox"/>		Barriers to permanency are identified and a plan for resolution is in place.	
<input type="checkbox"/>		Summer/non-school hour safety/supervision plan has been completed.	
<input type="checkbox"/>		Other:	
<input type="checkbox"/>		Other:	



1750 S. Brentwood Blvd., Suite 210
St. Louis, Missouri 63144

t 800.FOSTER.3
o 314.367.8373

w www.foster-adopt.org
f 314.241.0715



Licensing is completed

Completed	Projected Date of Completion	Task	Person Assigned
<input type="checkbox"/>		Referral for kinship/relative license is made.	
<input type="checkbox"/>		Home safety walk through and documentation is completed.	
<input type="checkbox"/>		Child abuse/neglect background check is completed.	
<input type="checkbox"/>		Criminal background check is completed.	
<input type="checkbox"/>		Personal references are received by licensing worker.	
<input type="checkbox"/>		Physical health statement is obtained.	
<input type="checkbox"/>		Proof of car insurance is provided to licensing worker.	
<input type="checkbox"/>		School references are received by licensing worker (if children are in the home).	
<input type="checkbox"/>		Family is enrolled in Pre-service training.	
<input type="checkbox"/>		Family completes pre-service training.	
<input type="checkbox"/>		Family is enrolled in behavioral/elevated needs training (if appropriate).	
<input type="checkbox"/>		Family completes behavioral/elevated needs training (if appropriate).	
<input type="checkbox"/>		Family is enrolled in CPR/first aid training.	
<input type="checkbox"/>		Family completes CPR/first aid training.	
<input type="checkbox"/>		Home Study is completed by the licensing worker.	
<input type="checkbox"/>		Other:	
<input type="checkbox"/>		Other:	

Permanency is finalized

Completed	Projected Date of Completion	Task	Person Assigned
<input type="checkbox"/>		ICPC is approved (if appropriate).	
<input type="checkbox"/>		Child is placed with identified family.	
<input type="checkbox"/>		Family meets with adoption attorney.	
<input type="checkbox"/>		Adoption hearing scheduled for _____.	
<input type="checkbox"/>		Subsidy is approved.	
<input type="checkbox"/>		Adoption is finalized.	
<input type="checkbox"/>		Other:	
<input type="checkbox"/>		Other:	

Additional Notes: