

CHILD ADVOCATE PERMANENCY REVIEW CHECKLIST

This checklist can serve as a guide in preparation for all hearings. Information may be obtained through interviews with the child, caregiver, DHS social worker, provider social worker and other service providers with firsthand knowledge of the family.

- 1. Will child be present in court?** Y N
 Has the child been asked (if age appropriate) if they want to attend court? Y N
 If the child is not attending court, what is the good cause shown to excuse the child from court?

- 2. Have you prepared the child to participate in court?**

PERMANENCY

- 3. What is the Permanency Goal?**
- Reunification
 - Adoption
 - Placement w/a Relative
 - (Subsidized) Permanent Legal Custodianship
 - Another Planned Permanent Living Arrangement (describe):

- 4. Does the child agree with the permanency goal?** Y N
 If not, what does the child want the goal to be? _____
- 5. What is the Concurrent Plan?** _____
- 6. Are appropriate services in place to achieve permanency?** Y N
 If not what services are needed by which party?

Service Type	Mother Needs Service	Father Needs Service
In-home Services		
MH Services		
Drug & Alcohol Services		
Parenting Instruction		
Services for Parents w/ Developmental Disabilities		
Other:		

- 7. Have referrals been made to:**
- Home study for potential permanent placement Y N
 - Current diligent search/PLS Y N
 - Family group decision-making Y N
 - SWAN services, if yes which ones: Y N
 - Family finding
 - Child profile
 - Child-specific recruitment
 - Child preparation
- 8. Is the child happy with the current placement/facility?** Y N

- Is the placement with siblings? Y N
- If not have steps been taken to place siblings together or a good reason not to? Y N
- Is the child placed with a relative? Y N
- How long has the child been in care? _____
- How long has the child been at current placement? _____
- How many placements has the youth been in since the last review hearing? _____
- If the youth is in a group home/institutional setting, have there been steps taken to move the youth to a more family-like setting? Y N
- Are there any plans for placement transitions in the next 6 months (i.e., transfer to another foster care home) Y N
- Are there any issues with the current placement that the court should know about?

9. Visitation w/Mother _____ x per _____ Supervised: Y N
(un) supervised at _____
Number of visits occurred since last court hearing ____ out of ____ scheduled

10. Visitation w/ Father _____ x per _____ Supervised: Y N
(un) supervised at _____
Number of visits occurred since last court hearing ____ out of ____ scheduled

11. Visitation w/siblings _____ x per _____ Visits same time as parents: Y N
(un) supervised at _____
Number of visits occurred since last court hearing ____ out of ____ scheduled

12. If regular family visitation has not occurred, why not?

13. Additional Questions for Older Youth (*See: Older Youth Protocol for more detailed guidance*)

- Is the child receiving Independent Living Services? Y N
- Has a referral been made to the Achieving Independence Center (AIC)? Y N
- Is the child connected with caring and reliable adults who can provide support and guidance to the youth? Y N
- Is the youth being referred to a Supervised Independent Living (SIL) placement? Y N

PHYSICAL HEALTH

14. Child's primary care doctor _____

15. Has the child been to and assessed by the following:

- Doctor in the last 6 months? Y N
- Eye doctor in the last 6 months? Y N
- Dentist in the last 6 months? Y N
- Child Link Y N

16. Is child up-to-date on all immunizations? Y N

17. Are there any outstanding medical issues?

If so have referrals been made (i.e. Child Link, Ages & Stages)? Y N

18. Does the child have any special health care needs? Y N

19. Have any EPSDT recommended services been arranged? Y N

If so how are they are being addressed? _____

20. Has an application for SSI been made for a child who may have a physical disability who may leave care in the next six months? Y N

BEHAVIORAL HEALTH NEEDS

21. Does the child need a mental health assessment? Y N

22. Does the child need a substance abuse evaluation? Y N

23. What services are being provided to address these needs? _____

24. Does the child need to be referred for any recommended treatment? Y N

25. The child needs to continue treatment at _____

26. Does the child need to be registered with the Office of Mental Retardation? Y N

If registered, what services are being provided by the Office of Mental Retardation (OMR)? _____

Name of Supports Coordinator: _____

27. Has an application for SSI been made for a child who may have a disability and who may leave care within the next six months? Y N

EDUCATION

28. Child's grade in school _____ **Name of the child's school** _____

29. Are there any attendance issues? Y N

30. Is the youth interested in going to college or post-secondary training? Y N

31. Notable information about performance in school _____

32. Is child receiving Special Education Services and/or 504 Plan? Y N

If yes, is an up-to-date IEP in effect? Y N

Is there an educational decision-maker? Y N

DOCUMENTATION (for children in DHS custody)

33. Does the child have a:

Birth Certificate Y N

Social Security Number Y N

US Citizenship Y N

If not have the appropriate applications been made to secure the documents? Y N

34. What does the child want to tell the judge/issues/concerns _____
