



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

30 Days to Family™ Roadmap to Family

Child's Name	DOB	Client ID #

72-Hour FST:
 Halfway Point--Addressing Placement Barriers:
 30 Day FST:
 Adjudication Hearing:
 60 Day FST:

Youth maintains connections & is prepared for family/kin placement			
Action	Person Responsible	Date Completed	Details
Family searches are conducted through Department of Child & Family Services and Juvenile/Family Court (if applicable) for prior family history and information.			Date of Social Services Database search: Date of Social Services File Review: Date(s) of Court File Review:
Siblings are placed together. <input type="checkbox"/> If the youth is not placed with siblings, a plan for continuing the sibling relationship has been established and is in place.			Plan: Outcome:
Paternity has been established. <input type="checkbox"/> If paternity is not yet established, a plan for confirming paternity has been determined.			Names/information of potential fathers: Plan to establish paternity:
Youth's educational needs have been identified. Youth's schooling is not disrupted by placement; youth continues to attend home school. <input type="checkbox"/> Efforts have been made to ensure youth's continued enrollment in home district.			Educational needs: Home district & school: Plan/Efforts to ensure continued enrollment: Outcome:
Youth's medical and dental needs have been identified and initial appointments have been scheduled.			Medical/Dental needs: Dates of appointments:
Youth's mental health issues have been identified and therapeutic and/or psychiatric treatment has been arranged, if needed.			Mental health needs: Plan for Treatment: Outcome:

Placement with family/kin has been thoroughly explored with the youth, as appropriate.			Date of visit with child by Specialist: Named supports/potential placement options identified by the child: Outcome:
Plan to obtain team approval for identified relative/kin supports & visitation.			Plan for approval: If individual clears the above plan, contact/visits may occur <input type="checkbox"/> supervised <input type="checkbox"/> unsupervised. If individual does NOT clear the above plan contact <input type="checkbox"/> <i>may</i> <input type="checkbox"/> <i>may not</i> occur with the following limitations/provisions:
Other:			

Family/Kin is prepared for placement

Action	Person Responsible	Date Completed	Details
Family understands the youth's history and needs			Identified needs:
Barriers to placement, if any, have been addressed and a plan for resolution has been developed			Identified barriers: Plan to overcome barriers: Outcome:
Natural, formal & community supports are identified and in place, as well as clearly outlined in the Supports section of this document			Date provided to resource provider:
Placement packet/documentation and Medicaid card/letter provided to relative home provider			
Child is moved to the home of relative/kin			
Other:			



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Child & Family Supports

Child's Name	DOB	Client ID #

Natural Supports for Youth			
Name, Relationship, & Contact Information	Types of Support	Details of Support & Involvement	Approved?
	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/ written communication with youth <input type="checkbox"/> Mentor for youth		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/ written communication with youth <input type="checkbox"/> Mentor for youth		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/ written communication with youth <input type="checkbox"/> Mentor for youth		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Community activities & visits with youth <input type="checkbox"/> Phone conversations/ written communication with youth <input type="checkbox"/> Mentor for youth		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

Supervision Supports		
Name, Relationship, & Contact Information	Summer & Non-School Hour Supervision Plans Details & Description	Approved?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

Natural Supports for Relative/Kin Resource Provider

Name, Relationship, & Contact Information	Types of Support	Details of Support & Involvement	Approved?
	<input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite care <input type="checkbox"/> Transportation Support (to/from family visits, school/daycare, or medical/mental health appointments)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite care <input type="checkbox"/> Transportation Support (to/from family visits, school/daycare, or medical/mental health appointments)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Emotional Support <input type="checkbox"/> Respite care <input type="checkbox"/> Transportation Support (to/from family visits, school/daycare, or medical/mental health appointments)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

Community Groups & Supports

Name & Contact Information	Details of Support & Involvement	Approved?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Resource Parent Support Group Foster & Adoptive Care Coalition 1750 S. Brentwood Blvd., Suite 210 St. Louis, MO 63144 314.367.8373	The Coalition offers a variety of skills-building support groups, free for parents and older youth. Dates of support groups can be found on the Coalition's website www.foster-adopt.org . You must register to attend by contacting Nickie Steinhoff nickiesteinhoff@foster-adopt.org or 314.367.8373 x 2235.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

Formal Supports & Team Members

Role	Name & Contact Information
Foster Care Case Manager	Name: Agency: Address: Phone: After-Hours Emergency On-Call #:
Foster Care Case Manager Supervisor	Name: Agency: Address: Phone:
Deputy Juvenile Officer (DJO)	Name: Jurisdiction: Address: Phone:
Guardian ad Litem (GAL)	Name: Address: Phone:
Court Appointed Special Advocate (CASA)	Name: Address: Phone:
30 Days to Family Specialist	Name: Address: Phone:
Doctor	Name: Address: Phone:
Dentist	Name: Address: Phone:
MO Health Net (Medicaid) Enrollment Plan & Information	Name: Phone: Website:
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
Head Start	
First Steps	
Nurses for Newborns	
Parents as Teachers	
Daycare	
School/Educational Setting	
Educational Advocate	
Individual Therapy	
Family Therapy	
Psychiatric Services	
Department of Mental Health (DMH)	
Supplemental Security Income (SSI)	
Other:	
Other:	
Other:	

Other Important Phone Numbers	
Fire Department	
Police Department	
Ambulance	
Licensing Worker	



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30 Days to Family™ Relative/Kin Contact Log

Child's Name	DOB	Client ID#

SIBLING CONTACTS

Sibling's DOB: Caregiver:	Mother's Name: Father's Name:
Date of Initial Contact: Contact Person:	Type of Contact: If attempted contact, describe efforts:
Sibling Visitation Plan:	

MATERNAL FAMILY CONTACTS

Relationship to Child: Maternal Relationship to Parent:	Date of Initial Contact: Type of Contact: If attempted contact, describe efforts: Desired Involvement: <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:
Other Individuals Residing in Home: Employment: Employment Hours:	Approved Involvement:
Identified Needs/Barriers: Follow-Up Needed:	Home & Background Screenings: <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed: Concerns:
Other Additional Details:	

PATERNAL FAMILY CONTACTS

Relationship to Child: Paternal Relationship to Parent:	Date of Initial Contact: Type of Contact:
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	<p>If attempted contact, describe efforts:</p> <p><u>Desired Involvement:</u> <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:</p>
<p>Other Individuals Residing in Home:</p> <p>Employment: Employment Hours:</p>	<p><u>Approved Involvement:</u></p>
<p><u>Identified Needs/Barriers:</u></p> <p><u>Follow-Up Needed:</u></p>	<p><u>Home & Background Screenings:</u> <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed: Concerns:</p>
<p><u>Other Additional Details:</u></p>	

KIN CONTACTS

<p>Kin:</p>	<p>Date of Initial Contact: Type of Contact: If attempted contact, describe efforts:</p> <p><u>Desired Involvement:</u> <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:</p>
<p>Other Individuals Residing in Home:</p> <p>Employment: Employment Hours:</p>	<p><u>Approved Involvement:</u></p>
<p><u>Identified Needs/Barriers:</u></p> <p><u>Follow-Up Needed:</u></p>	<p><u>Home & Background Screenings:</u> <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed:</p>

	Concerns:
<u>Other Additional Details:</u>	