



**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:	



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**Licensing is completed**

<b>Completed</b>	<b>Projected Date of Completion</b>	<b>Task</b>	<b>Person Assigned</b>
<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**

<b>Completed</b>	<b>Projected Date of Completion</b>	<b>Task</b>	<b>Person Assigned</b>
<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:**