

PERMANENCY HEARING REPORT

PERMANENCY HEARING DATE CERTAIN: / /

Judge / Referee	Court	Part

IN THE MATTER OF:

Child's Name	Date of Birth	Sex	Person ID (PID)	Docket Number
	/ /			----- Docket Number(s) (under which child was freed, if different) Mother ----- Father

DATE OF REPORT PREPARATION: / /

All information must be current and represent an update of events and circumstances since the child was freed for adoption or the previous Permanency Hearing

Case Name:		Law Guardian:	
CONNECTIONS		Attorney for DSS/ACS:	
Case ID:			
Local Case #:		Agency with Planning Responsibility:	
Case Manager & Phone:		Caseworker & Phone:	

SECTION I. PERMANENCY PLAN SUMMARY

Child's Name	Current Permanency Planning Goal (PPG)	PPG/Date Established	Anticipated PPG
	<input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned living arrangement with significant connection to an adult	/ /	<input type="checkbox"/> Placement for adoption <input type="checkbox"/> Referral for legal guardianship <input type="checkbox"/> Permanent placement with fit and willing relative <input type="checkbox"/> Placement in another planned living arrangement with significant connection to an adult

Date by which it is expected that the current or anticipated PPG will be accomplished: / /

PERMANENCY HEARING REPORT

SECTION II. PERMANENCY PLANNING

1. If there is a plan for continuing placement for the child, describe the reason placement continues to be necessary and in accordance with the best interests and safety of the child.

2. If there is a plan for trial or final discharge in the next six months, specify the anticipated date and explain why such discharge is safe and appropriate.

3. If the permanency plan includes trial or final discharge from foster care, describe the Discharge Plan for the child.

Living Arrangement (include location):

Educational/Vocational Plan:

Health Coverage:

Follow-up Health/Mental Health Treatment Plan:

Other:

PERMANENCY HEARING REPORT

SECTION III. REASONABLE EFFORTS TO FINALIZE PERMANENCY

4. If the child is free for adoption, but not yet placed in an adoptive home:

a. Describe the child-specific recruitment efforts that have been made and the outcome of these efforts. Include whether the foster parent(s) (current and past, as applicable) have been asked to adopt, and the foster parent(s)' response.

b. What further recruitment efforts are anticipated in the next six months?

5. If the child is age 14 or older and voluntarily withheld consent to his/her adoption:

a. Describe the facts and circumstances related to the child's decision.

b. Describe efforts that have been made to counsel the child about adoption, including explaining possible post-adoption contact with parent(s) and sibling(s) and enabling/arranging contact with other young people of similar age who have been adopted.

6. If the child is free and placed in a pre-adoptive home:

a. Describe the reasonable efforts made to facilitate the adoption of the child and any barriers to finalizing the adoption, including any concerns about completing the adoption raised by the pre-adoptive parent(s).

b. What additional services/assistance is anticipated in the next six months to facilitate finalizing the adoption?

PERMANENCY HEARING REPORT

7. If applicable, has the child's case been transferred to an adoption unit?

Yes No NA

8. Complete the Adoption milestones grids below, as applicable.

Intent to Adopt Signed	Date Signed	Adoptive Home Study Complete	Date Completed	Adoptive Placement Agreement Signed	Date Signed
Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /

Criminal History Record Check	Date Completed	SCR Data Base Check	Date Completed	Interstate Compact on Placement of Children	Date Completed
Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /

Documents that have been secured for finalizing the child's adoption: check all that apply (**Certified*):

Birth Parents	Child
<input type="checkbox"/> *order(s) terminating parental rights <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> *surrender(s) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> *consent(s) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> *death certificate(s) <input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> *birth certificate, two copies <input type="checkbox"/> medical report <input type="checkbox"/> consent (child over age 14)

Adoptive Parent(s)	Attorney
<input type="checkbox"/> financial disclosure affidavit <input type="checkbox"/> medical report <input type="checkbox"/> *marriage certificate <input type="checkbox"/> *divorce certificate <input type="checkbox"/> *death certificate (of adoptive spouse) <input type="checkbox"/> back-up resource	<input type="checkbox"/> affidavit of readiness <input type="checkbox"/> financial disclosure affidavit <input type="checkbox"/> *certification of service upon OCA

9. Putative Father Registry request, if applicable.

Was a Putative Father Registry request made?

Yes No

Date of request: / / Found Not Found

PERMANENCY HEARING REPORT

14. If the permanency goal is Another Planned Permanent Living Arrangement:

a. Provide the compelling reason for determining that it would not be in the best interests of the child to be placed for adoption, placed with a legal guardian, or placed with a fit and willing relative.

b. Describe how this arrangement provides the child with a significant connection to an adult who is willing to be a permanency resource for the child. Specify the arrangement and the name of the adult, and describe reasonable efforts made and services provided to finalize this plan. If no adult has as yet been identified, describe efforts made to identify a permanency resource.

c. What services are anticipated in the next six months?

15. Is the child AWOL? Yes No

If yes, describe efforts to locate the child.

PERMANENCY HEARING REPORT

SECTION IV. CHILD'S FREEING FOR ADOPTION AND PLACEMENT(S)

16.

Child's Name	Means of Freeing (mark all that apply)	Parent	Date	Appeal Pending	Date Child was Completely Freed for Adoption
	<input type="checkbox"/> TPR <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Surrender <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Death of Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father	/ / / / <hr style="border-top: 1px dashed black;"/> / / / / <hr style="border-top: 1px dashed black;"/> / / / /	<input type="checkbox"/> Mother <input type="checkbox"/> Father <hr style="border-top: 1px dashed black;"/>	/ /

# of Changes in Placement Since Freeing or Previous Permanency Hearing	Child Currently Placed
	<input type="checkbox"/> Foster Boarding Home <input type="checkbox"/> Non-relative <input type="checkbox"/> Relative <input type="checkbox"/> Congregate Care Facility <input type="checkbox"/> Relative (Direct Placement) <input type="checkbox"/> Other

17. Provide current information regarding the placement of the child including: the name of the person(s) with whom the child is placed, if applicable; changes in the placement setting; protecting factors in the current home/facility that support the child's safety; and how this setting supports the least restrictive, most appropriate placement that addresses the needs of the child.

18. Is the child placed out of state? Yes No

If Yes, explain why it is appropriate, necessary and in the best interests of the child?

PERMANENCY HEARING REPORT

SECTION V. VISITING

19. Describe the current visiting plan, including whom the child is visiting (including parents (if there is an approved contact agreement), siblings, grandparents, permanency resources, etc.), and the frequency, duration and quality of visits.

Describe any anticipated modifications to the visiting plan in the next six months, and the reasons therefor.

PERMANENCY HEARING REPORT

SECTION VI. SERVICES PROVIDED TO CHILD

20. Describe all services offered and/or provided to the child since child was freed for adoption or the last permanency hearing and the outcomes or progress the child has made.

Describe any additional services for the child anticipated in the next six months.

21. If the child is age 14 or older, describe the Independent Living Skills Services provided to the child since child was freed for adoption or the last permanency hearing and the skills attained.

Describe any additional Independent Living Skills Services anticipated for the child in the next six months.

PERMANENCY HEARING REPORT

SECTION VII. OTHER SERVICES

22. Describe any other services and assistance that have been provided to the prospective adoptive parent(s) to expedite the adoption of the child.

Describe the plan for post-adoption services.

PERMANENCY HEARING REPORT

SECTION VIII. CHILD'S HEALTH AND WELL- BEING

23. If applicable, note the following for the child:

Significant Chronic Conditions: None

Significant Developmental Delay: None

Mental Health Diagnoses: None

Serious Injuries/Hospitalization: None

Current Medication: None

24. Describe any other significant information about the child's current health and well-being not included above.

Date of Last Physical	Date of Last Mental Health Appointment, if applicable	Date of Last Dental Appointment	Date of Last Vision Screening	Date of Last Hearing Screening	Immunizations Up-To-Date
/ /	/ /	/ /	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Describe any follow-up treatment or recommendations for the child, as a result of the above appointments/screenings.

PERMANENCY HEARING REPORT

SECTION IX. CHILD'S EDUCATION

26. Provide information on the child's current grade level or program, academic progress and achievements, and any other relevant educational information.

--

27. Describe the steps the agency will take during the next six months to enable prompt delivery of appropriate educational and/or vocational services to the child in his or her current placement or in any proposed placement, if applicable or while on trial or at final discharge.

--

28. Complete the sections appropriate to the age-level and educational status of the child.

a. If the child is under age 3, check which, if any, of the following criteria the child meets:

<input type="checkbox"/> involved in an indicated case of child abuse or maltreatment <input type="checkbox"/> suspected to have a disability <input type="checkbox"/> has been found eligible for Early Intervention Services (EI) prior to or during foster care
--

If one or more criteria are met, check the appropriate boxes.

Referred for EI	Referral Date	Receiving EI Services	Not Eligible
<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>

Describe the steps taken to refer the child to Early Intervention Services, the status of the referral and any services the child is receiving. If the child listed above has not yet been referred, explain why.

--

b. If the child is eligible for Pre-Kindergarten (turns age 4 before December 1st), check the appropriate boxes.

Pre-K Not Available	Pre-K Available	Not Enrolled	Enrolled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Pre-kindergarten is available and the child is NOT enrolled, describe steps taken to enroll the child.

--

PERMANENCY HEARING REPORT

- c. If the child is age three or older and is suspected of having a disability or has been found eligible for Special Education prior to or during foster care, describe the status of the referral, the Individualized Education Program (IEP) related recommendations and services provided by the school.

- d. If the child is school age (ages 6-16/17, depending on locality) or elects to participate in a program leading to a high school diploma, describe the steps taken to enroll the child in a program or continue in a program leading to a high school diploma.

- e. If the child is over age 16/17 (depending on locality), and the child has elected not to participate in a high school diploma program, describe the steps taken to assist the child to become employed and/or to become enrolled in an appropriate vocational program.

PERMANENCY HEARING REPORT

VERIFICATION

STATE OF NEW YORK, COUNTY OF _____

_____, BEING DULY SWORN, DEPOSES AND SAYS:

that I am employed at _____, as a caseworker;

that I have (written read) the foregoing permanency report and know the contents thereof;

that the information is true and complete to my own knowledge, or believed to be true based on information derived from official records and/or reports kept in the regular course of business by this social services district or voluntary authorized agency directly involved in assessment and/or service provision to the individuals that are the subject(s) of this report;

that this report is a true and complete copy of the report that was mailed to the parties 14 days prior to the date certain of the permanency hearing.

Name: _____

Title: _____

Sworn to before me this

_____ day of _____

Notary Public

Commissioner of Deeds