

Permanency Committee Form

Case name: _____ Case number: _____

Child(ren)'s caseworker name:	Local office:	Phone number:
Supervisor who approved of referral for Permanency Committee		

Children's names:	Date of birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Date of committee: _____

Requested for recommendations and decisions

- Sibling planning *Another Planned Permanent Living Arrangement (APPLA 16 yrs or older)
 - *Guardianship *Fit and Willing Relative
 - Current Caretaker or Relative Caregiver
 - Consideration of a resource with an existing relationship (*non-relative and non current caretaker*) per OAR 413-120-0750 (6)(b).
-
- Other, if yes, describe: _____

***Instructions:** Document the compelling reason why a higher level of permanency is not an appropriate plan and how the proposed plan meets the best interest of the child.

Committee facilitator, members, attendees

Names:	Invited?			Attended?		
	Yes	No	N/A	Yes	No	N/A
Program Manager or designee (per OAR must attend):						
Child's Caseworker:						
Certifier/Adoption Worker:						
Facilitator:						
Neutral committee member:						
CASA:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's attorney:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal representative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCWAC member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster parent/relative caregiver:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – Role in Child's Life:						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief synopsis of case as related to committee: (applies to all staffing types)

Documents Reviewed: (applies to all staffing types)

****COMPLETE ONLY FOR CURRENT CARETAKER or RELATIVE CAREGIVER DISCUSSION:**

Document Strengths and concerns as it relates to meeting child's current and lifelong needs and issues to be addressed in Adoption Home Study:

*****STOP HERE FOR CURRENT CARETAKER/RELATIVE CAREGIVER STAFFING*****

****REST OF FORM APPLIES TO ALL STAFFING TYPES EXCEPT CURRENT CARETAKER/RELATIVE CAREGIVER****

Comments/Strengths/Concerns:

Committee Recommendations:

Child Welfare Program Manager Decision

This section is reserved for the CWPM or designee

CWPM or Designee name:	
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Instructions to CWPM: Fill in boxes and spaces as they apply.

Decision(s) requested:

- Sibling planning Another Planned Permanent Living Arrangement (APPLA 16 yrs or older)
- Guardianship Fit and Willing Relative
- Consideration of a resource with an existing relationship (*non-relative and non current caretaker*) per policy I-G.1.2 OAR 413-120-0750 (6)(b).
- Other, if yes, describe: _____

Final decision made by CWPM or designee:

Date of decision: _____

Rationale for decision:

Additional information considered: List any additional information considered by the CWPM or designee beyond the written and verbal information available to the Permanency. If written information, please attach a copy.

Notification instructions: *The CWPM or designee has until the end of the business day following the meeting of the Permanency Committee to notify the child's caseworker of the decision.*

Date of notification: _____

Distribution of form instructions: *After the CWPM or designee makes the decision regarding only sibling planning or existing relationship (OAR 413-120-0750 (6)(b)), this form is sent to Central Office Permanency Program within four business days of the Permanency Committee. Do not send the form to the Permanency Program for other types of decisions. Fax option: 503-945-6633*