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| **Demographic and Referral Information** |
| **Child/Youth Information**  |
| Name:       | Birth Date:       | Age:      |
| Contact with Birth Family? Yes NoDescribe current type of contact:        Discussdesired contact after placement:        |
| Is child being placed as part of sibling group? Yes NoComments:       |
| Does child have contact with siblings? Yes NoComments:       |
| Will contact continue after placement? Yes NoComments:       |
| Are any other siblings receiving CSR currently? Yes NoComments:       |
| **Current Placement Information** |
| Name of Family or Facility: xx  | Contact Person:       |
|    |
| Address:       | Phone Number:      Email:       |
| Primary Permanency Goal:      Concurrent Permanency Goal:       Is child legally free?      Is this a re-referral?       |

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| **Contact Information** |
| SWAN ID #:       | PAE ID #:       DHS Number (Philadelphia):         |
| County Agency:       | Contact Person:       | Phone Number:      Email:       |
| SWAN Affiliate:       | Contact Person:       | Phone Number:      Email:       |
| CUA *(Philadelphia only)*:       | Contact Person:       | Phone Number:      Email:       |
| Other Private Agency:      | Contact Person:       | Phone Number:      Email:       |
| Other:       | Contact Person:       | Phone Number:      Email:       |
| Other:       | Contact Person:       | Phone Number:      Email:       |

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| **Collaboration** |
| **County input into the plan:**       |
| **County’s plan for involvement and communication:**

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| **Previous/Current Services Referred**  | **Comments** |
| **SWAN Units of Service** |  |  |  |
| * Child Profile
 |       |  |  |
| * Child Preparation
 |       |  |  |
| * CSR
 |       |  |  |
| * Finalization
 |       |  |  |
| Permanency Roundtable |       |  |  |
| Accurint Search |       |  |  |
| Diligent Search |       |  |  |
| Family Search and Engagement |       |  |  |
| Family Group Decision Making |       |  |  |
| Other:       |       |  |  |
| Other:       |       |  |  |

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| **Team Members** |
| From meeting with county caseworker and from record review, begin to identify members of the CSR team. Using the dropdown box below, include all who will participate on the CSR team. Ensure updates to the plan include changes in workers and other CSR team members. |
| Name | Relationship | Contact Information | Plans for Contact |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       | Choose an item. |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Input from the team:**       |

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| **Engagement of Child/Youth** |
| **Date CSR worker meets child/youth and begins engagement:**      **Discuss child/youth’s understanding of permanency:**     **Describe child/youth’s expected outcomes:**     **Discuss child/youth’s ideas for finding a family:**      **List potential significant connections with supportive adults:**

|  |  |
| --- | --- |
| **Name** | **Discussion** |
|       |       |
|       |       |
|       |       |
|       |       |

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| **Factors That May Impact Service**  |

|  |  |
| --- | --- |
| **Factor** | **Discussion** |
|       |       |
|       |       |
|       |       |
|       |       |

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|  **Revisions** |
| **Date of original plan:**      **Revision date(s):**       **Date of revision discussion with county:**       |

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| **Recruitment Strategies** |

This is not a complete list of recruitment strategies for CSR. The list is provided as an example of possible activities that can be used to create an individualized plan for each child. Plans may include some or all of the strategies listed below, as well as additional strategies not on the list.  Plans should be child specific and created between the county and affiliate agency.

|  |  |
| --- | --- |
| **Strategies** |  **Comments**  |
| Register with PAE using CY-130. (PAE registration includes registration with Adopt PA Kids) |       |
| Write narrative/update to narrative |       |
| Professional photos/update photo |       |
| Determine the locations for recruitment to be used for this child, including but not limited to: * Churches
* Fairs
* Newsletters such as NACAC, PSRFA, etc
* Websites
* Foundations whose focus is specific to the child’s needs such as cystic fibrosis, autism, etc.
 |       |
| Create flyers |       |
| Create video |       |
| Matching events |       |
| Matching moments |       |
| SWAN winter statewide |       |
| SWAN quarterly meetings |       |
| Annual Pennsylvania SWAN/IL Permanency Conference |       |
| #MeetTheKids  |       |
| Google groups  |       |
| Waiting child TV tapings |       |
| Agency newsletters |       |
| PAE electronic match  |       |
| PAE customized match  |       |
| Family finding |       |
| SWAN Facebook spotlight |       |
| OCMI |       |
| Wendy’s Wonderful Kids |       |
| Waiting child CD |       |
| [CSR Recipes for Permanency](http://www.diakon-swan.org/swan/documents/?category=&headline=Recipes+for+Permanency&description=) |       |
|   |       |
|  |       |
|  |       |

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| **Signatures** |
| CSR Worker Signature | Date |
|       |       |
| Supervisor Signature | Date |
|       |       |
| Child/Youth Signature If Appropriate | Date |
|       |       |
| County Agency Signature | Date |
|       |       |