|  |  |  |  |
| --- | --- | --- | --- |
| **Demographic Information:** | | | |
| **Child / Youth Information:** | | | |
| Name: | | Birth Date: | |
| Current Residence: | | Current Phone Number: | |
| **Caseworker Information:** | | | |
| ***County:*** | | | |
| County Agency Caseworker: | | County Agency: | |
| Address: | | Phone Number: | |
| ***Affiliate:*** | | | |
| Affiliate Agency Caseworker: | | Affiliate Agency: | |
| Address: | | Phone Number: | |
| **Referral Information:** | | | |
| Date of Referral to Affiliate by Diakon: | | SWAN ID #: | |
| Worker Assigned to Complete: | | | |
| **Signatures:** | | | |
| County Agency | Date | Affiliate Agency | Date |
|  |  |  |  |
| Caregiver/Facility Representative | Date | Child | Date |
|  |  |  |  |

**Required Strategies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STRATEGY | DOCUMENTATION | DATE COMPLETED | RESPONSIBLE PARTY | NOTES/RESULTS |
| 1. Collaborate with county agency to develop and implement Child Preparation Plan. |  |  |  |  |
| 1. Research information already compiled for the child. |  |  |  |  |
| 1. Meet with child’s current family to prepare family for issues that may arise during the Child Preparation process. |  |  |  |  |
| 1. Meet with child to begin engagement in Child Preparation process. |  |  |  |  |

**Required Strategies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STRATEGY | DOCUMENTATION | DATE COMPLETED | RESPONSIBLE PARTY | NOTES/RESULTS |
| 1. Establish baseline of child’s readiness for adoption. Take child’s developmental level and any disabilities into account. 2. Assess child’s level of resolution of grief and loss and attachment development. 3. Assess child’s ability to engage in Child Preparation activities. |  |  |  |  |
| 1. Determine and identify specific techniques to be used in Child Preparation (i.e., see Bulletin, Lifebox, Timelines, Lifebook and Life Map, etc.) |  |  |  |  |
| 1. Manage logistics (i.e., time, date, location, etc., of Child Preparation). 2. Meet with child for a minimum of no less than 10 sessions over a 6-month period. List dates and locations of each meeting. |  |  |  |  |
| 1. Forward written summary of Child Preparation Plan to county agency worker. Include synopsis of child’s readiness for adoption. Recommend therapy, if necessary. |  |  |  |  |