

# **MODULE 3**

## **AGENDA**

- I. Introduction
- II. Types of Resource Families
- III. Permanence Goals
  - A. Concurrent Planning
- IV. Foster to Adopt Placement
  - A. Termination of Parental Rights
- V. Independent Living Program
- VI. What Should Happen?



# TYPES OF RESOURCE FAMILIES

**Foster Care** - Foster care is a protective service provided to families experiencing difficulties so severe that children must be removed from their homes for a planned, temporary period of time. Children are removed to ensure their physical and emotional safety. The primary goal of foster care is to reunify families. Foster care includes supplemental family care in an agency approved home. While children are residing in a foster home, a variety of services are provided to parents and children with the objective of resolving the problems that led to the foster care placement. Foster families can provide respite care for other foster parents. This care can be either short-term emergency care, usually until the 72 hour hearing, or long term care. Foster care is a team effort in establishing permanency for children. Foster parenting, therefore, is not a lifetime commitment to a child, but rather a commitment to being meaningful throughout a child's lifetime. Foster family care means families helping families.

If the goal of reunification cannot be achieved, alternative permanent plans are pursued. These goals are attempted in order of priority: placement with relatives, adoption, permanent foster care, or independent living.

**Adoption** - As defined by the *Child Welfare League of America*, "Adoption is the method provided by law to establish the legal relationship of parent and child who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parents." Parental rights must first be terminated by juvenile court. This frees the child to be provided a permanent alternative family through adoption.

**Foster/Adopt Placement (also known as Legal Risk)** - This type of placement is provided for a child whose parental rights have not been terminated, and is therefore not free for adoption. The case plan has been established to work with the birth parents, but there are circumstances, of which the agency is aware, that may prevent the birth parents from completing their plan. Therefore, a concurrent plan of adoption is also established. It is the expectation of the agency that the resource family will cooperate and work in partnership with the reunification goals. If the primary family is not able to provide a permanent home for the child, then this foster family will be given that opportunity.

**Foster Parent Adoption** – When parental rights are terminated, a resource family has already been providing foster care for the child. The resource family is given the choice to adopt the child if there are no relative resources. Eighty percent of resource families adopt children in their care if parental rights are terminated.

FOSTER TO ADOPT PLACEMENT AGREEMENT

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster/Adopt Parent(s): \_\_\_\_\_

Legal County of Child: \_\_\_\_\_

Boarding County/Private Agency: \_\_\_\_\_

- |                                                                                                                                                     | Yes                      | No                       | N/A                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. (We) (I) have been informed of the reason the child came into Foster care.                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. (We) (I) have been informed of the number of placements the child has experienced since he/she has been in the care of the agency.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. (We) (I) have been provided with the information that the agency has knowledge of on each of the items below:                                    |                          |                          |                          |
| Health issues (past or present)                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School issues and history                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health issues (past or present)                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalizations                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential setting placements (past or present)                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Medical History                                                                                                                              |                          |                          |                          |
| 4. (We) (I) have been informed of the agency's knowledge of the existence of other children born to the child's biological Parents.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. (We) (I) have been informed of any plans or requirements for future sibling contact.                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. (We) (I) have been informed of the agency's knowledge of any known physical or sexual abuse and/or neglect of which the child has been a victim. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. (We) (I) have been informed of any known alcohol or drug addiction of the child's biological parents.                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. (We) (I) have been informed of the child's known medication history.                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. (We) (I) understand that there may have been events or traumas that occurred in the child's past of which the agency has no knowledge.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**FOSTER TO ADOPT PLACEMENT AGREEMENT**

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11. \*(We) (I) have been informed of all efforts required to reunify the child with his/her birth family and agree to support such efforts. We understand the efforts agreed upon are subject to change based upon the progress of the case.

Visits (how often) \_\_\_\_\_ (Location) \_\_\_\_\_  
Family conferencing \_\_\_\_\_  
Other (specify) \_\_\_\_\_

12. (We) (I) have been informed of the child's current legal situation including the potential for the child being returned to the immediate or extended birth family.

(a) Non-reunification case plan dated?

(b) Permanency hearing held?

(c) TPR hearing scheduled?  
If yes, date of TPR \_\_\_\_\_

(d) Partial rights terminated?  
Specify remaining rights to be terminated, if yes

\_\_\_\_\_  
Scheduled Date of remaining TPR \_\_\_\_\_

(e) All Parental Rights Terminated?

(f) Appeal filed?  
If Yes, indicate date filed \_\_\_\_\_

(g) Other (specify) \_\_\_\_\_

13. (We) (I) have been informed that we/I will be advised of all permanency plans made for the child and that we will have the opportunity to make an application for adoption via agency Forms 149, 150 and 151 should the child become free for adoption.

14. (We) (I) have been informed that we will be invited to all reviews and court hearings regarding the child placed in my home.

15. (We) (I) have been informed that no assurances can be made that this child will be placed for adoption in (our/my) home.

\* NOTE: Number 11 will require a case specific attachment.

# **WHAT SHOULD HAPPEN?**



Scenario 1: Camille is 7 years old and has been in foster care for 18 months. Both of her parents have been in and out of drug rehab and have not complied with the goals of their case plan. Moreover, no home studies of her relatives have been approved for placement.

Scenario 2: Jada Child's is a seventeen-year-old senior planning to attend college out of the area. She and her five-year-old daughter, Destiny, are in foster care. Both reside in the Jones foster home. Jada's permanency goal is emancipation. Jada demonstrates good parenting skills and expresses a desire to care for Destiny independently after college. The Jones' are financially stable and interested in continuing to care for Destiny.

Scenario 3: Amyah is 12 years old and has been in foster care for 11 months. Her mother divorced her father six months ago because of his abusive behaviors. Since the divorce, Amyah's mother has found a new job and is living with her mother.

Scenario 4: Brandon is 16 years old, and his grandmother was his caregiver until her death six months ago. His mother and father are both addicted to drugs, and are not capable of meeting his needs. There are no other relatives.

Scenario 5: Christen is a newborn. She has two siblings who were placed in foster care and later adopted by their aunt Deborah.