Date:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Commissioner/designee or service region administrator (SRA)

Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, FSOS

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SSW

RE: Memo to Request Goal of Planned Permanent Living Arrangement (PPLA)

Youth:

Name and date of birth:

Current placement:

Provide information to support the request for the permanency goal of PPLA. Include exploration of relatives and attempts to secure an adoptive placement. Include information regarding referral to the Kentucky Adoption Profile Exchange (KAPE) and recruitment activities to exhaust permanency efforts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why PPLA is in the youth’s best interest. Include information regarding the youth’s attachment to the caregivers and the caregivers’ commitment to the youth.

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Attachments:

Written recommendation from the youth’s mental health provider(s)

Placement log

Level of care (LOC) assignment

[ ] Approved **[ ]** Denied

\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Commissioner/designee or SRA Date