

07/2024

# Subsidized Permanent Custody Determination Worksheet

Social worker:

Supervisor:

Next court date:

Court county:

Guardian ad litem:

Child's name:

DOB & Age:

Date of Placement:

Child's name:

DOB & Age:

Date of Placement:

Child's name:

DOB & Age:

Date of Placement:

Caregiver(s) Name:

TWIST number:

Private child placing (PCP) agency (If applicable):

PCP Email address:

Date family approved:

Date intent signed:

For a child(ren ) over the age of fourteen (14), has permanency been discussed  
with the child(ren)?    Yes         No

Extenuating Circumstances/Sibling Placement (If Applicable):

07/2024

Facts of the case describing why SPC is the most appropriate permanency goal for the child(ren):

The case is approved for SPC as this is the most appropriate permanency plan excluding return to parent and adoption.

SSW Signature

Date

Specialist Signature

Date

FSOS Signature

Date