

Georgia Division of Family and Children Services

Child Specific Recruitment Plan

Date Plan Created:

Plan Re-evaluation Date:

***Child’s Information:***

Child’s Name: DOB:

First Middle Last (mm/dd/yyyy)

***Sibling Information:***

Does child have siblings? **YES NO** (circle one)

**Siblings to be placed with this child:**

Child’s Name D.O.B. Current Placement Name/Type

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Child’s Name D.O.B. Current Placement Name/Type

Case Manager: County: Phone: \_\_\_\_\_\_\_\_

Supervisor: Phone:

***Regional Adoption Coordinator (RAC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Exchange Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

## Pre-Recruitment Checklist

# DATE ACTIVITIES

|  |  |
| --- | --- |
|  | **Interview Child and members of sib group to be placed together (see interview guide)** |
|  | **Review child’s case record to identify people of significance in child’s life** |
|  | **Review Genogram/Ecomap** |
|  | **Review Lifebook** |
|  | **Speak with former case manager** |
|  | **Speak with foster parent** |
|  | **Speak with former foster parent(s)** |
|  | **Speak with foster or adoptive parents of siblings in separate placements** |
|  | **Speak with adoptive parents of siblings adopted previously** |
|  | **Complete/update IMTNGA descriptive summary form (Form & photos must be updated annually)** |
|  | **Schedule professional photo session for child/sib group** |
|  | **Produce recruitment flyer/video on child/sib group** |
|  | **Speak with significant person in child’s life.** Specify person and relationship: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | Complete Permanency Roundtable |
|  | **Other:** |

**Desired Family:**

What characteristics does this child desire in a permanent family?

\_\_

Special parenting skills needed to meet the child’s needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child-Specific:**  
What child specific information is important to know when planning recruitment activities (i.e. his/her strengths, challenges, interests, special needs, medications, school functioning, etc.)?

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

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***POTENTIAL RESOURCES TO EXPLORE***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **DEADLINE** | **DATE COMPLETED** | **PERSON RESPONSIBLE** | **EMAIL** | **PHONE** | **RESULTS/NOTES**  **(safety concerns, strength of connection, waivers needed, next steps, etc)** |
| Paternal Relatives |  |  |  |  |  |  |
| Maternal Relatives |  |  |  |  |  |  |
| Neighbors |  |  |  |  |  |  |
| Friends |  |  |  |  |  |  |
| Social Contacts |  |  |  |  |  |  |
| Interested Individuals |  |  |  |  |  |  |
| Teachers/Coaches |  |  |  |  |  |  |
| Youth Organization Mentors/Coaches |  |  |  |  |  |  |
| Past  Foster Families |  |  |  |  |  |  |
| Therapists |  |  |  |  |  |  |
| Doctors/Nurses |  |  |  |  |  |  |
| Other  Specify: |  |  |  |  |  |  |
| Other  Specify: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***AGENCY BASED CHILD SPECIFIC RECRUITMENT RESOURCES***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DEADLINE** | **DATE COMPLETED** | **PERSON RESPONSIBLE** | **RESULTS/NOTES/** |
| It’s My Turn Now GA Registration |  |  |  |  |
| Wednesday’s Child Feature |  |  |  |  |
| Adoption Party |  |  |  |  |
| Mini-Match Meetings |  |  |  |  |
| Video/presentation of child  Specify: |  |  |  |  |
| External Displays  Specify: |  |  |  |  |
| Foster Parent Association Presentation |  |  |  |  |
| AdoptUSKids Website |  |  |  |  |
| Newspaper Features |  |  |  |  |
| Child specific activity based on youth’s interest |  |  |  |  |
| Other: |  |  |  |  |