

SWAN ELIGIBILITY REPORT / UPDATE (CY890)

INSTRUCTIONS: This form is used to report and update information about children with a goal of adoption who are in the custody of county children and youth agencies. Initial report is to be submitted within 30 days of a court approving the goal. Updates are to be submitted within 30 days of a change in previously reported information.
MAIL COMPLETED FORM TO: SWAN Prime Contractor, 471 JPL Wick Drive, P.O. Box 4560, Harrisburg, PA 17111, 1-866-903-2684 FAX

<input type="checkbox"/> SWAN #	<input type="checkbox"/> DHS #	<input type="checkbox"/> PAE #	
CHILD DEMOGRAPHICS			
CHILD'S NAME			
LAST	FIRST	MI	
DATE OF BIRTH	SOCIAL SECURITY # (Requested)	GENDER	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE AND ETHNICITY - Check all that apply			
RACE: <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White ETHNICITY HISPANIC: <input type="checkbox"/> YES <input type="checkbox"/> NO			
AGENCY INFORMATION			
COUNTY CHILDREN AND YOUTH AGENCY		COUNTY CASEWORKER (Full name)	
MAILING ADDRESS		E-MAIL	
CITY	STATE	ZIP	TELEPHONE # FAX # ()
CHILD'S GOAL			
DATE CURRENT GOAL ESTABLISHED	DATE	<input type="checkbox"/> GOAL UNDER APPEAL	DATE
<input type="checkbox"/> REUNIFICATION <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> FIT & WILLING RELATIVE <input type="checkbox"/> APPLA			
CHILD'S STATUSES			
CURRENT PLACEMENT			
DATE CURRENT PLACEMENT ESTABLISHED: ____/____/____			
<input type="checkbox"/> PRE-ADOPTIVE HOME <input type="checkbox"/> FOSTER CARE (non-kinship) <input type="checkbox"/> FOSTER CARE (kinship) <input type="checkbox"/> RESIDENTIAL FACILITY <input type="checkbox"/> OTHER _____			
ADOPTIVE RESOURCE STATUS			
DOES CHILD HAVE ADOPTIVE RESOURCE IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INTENT TO ADOPT FILED	DATE
FAMILY & CHILD PREPARATION			
<input type="checkbox"/> FAMILY PROFILE (STUDY) NOT COMPLETE <input type="checkbox"/> CHILD NOT PREPARED FOR ADOPTION <input type="checkbox"/> CHILD AND FAMILY PREPARED			
TPR STATUS			
(CHECK ONE)	<input type="checkbox"/> PARENTAL RIGHTS NOT TERMINATED	<input type="checkbox"/> PARENTAL RIGHTS TERMINATED	DATE MOTHER'S RIGHTS TERMINATED DATE FATHER'S RIGHTS TERMINATED
PARENTS DECEASED <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER		DATE	DATE
<input type="checkbox"/> TERMINATION UNDER APPEAL	DATE APPEALED		
CASE STATUS			
<input type="checkbox"/> CLOSED DATE ____/____/____ Check reason below <input type="checkbox"/> FINALIZED <input type="checkbox"/> CHILD REACHED MAJORITY <input type="checkbox"/> CHILD DECEASED <input type="checkbox"/> OTHER _____ <input type="checkbox"/> REUNIFIED <input type="checkbox"/> LIVING WITH OTHER RELATIVE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRANSFER TO ANOTHER AGENCY <input type="checkbox"/> RUNAWAY			