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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Report** | | | | | | | |
|  | Report Period: | | |  | | Report Period: | |
| **Demographic and Referral Information** | | | | | | | |
| **Child/ Youth Information** | | | | | | | |
| Name: | | | Birth Date: | | | | Age: |
| Contact with Birth Family? Yes No  ***Describe current type of contact:***      ***Discuss desired contact after placement:*** | | | | | | | |
| Is child being placed as part of sibling group? Yes No  ***Comments:*** | | | | | | | |
| Will contact continue after placement? Yes No  ***Comments:*** | | | | | | | |
| Are any other siblings receiving CSR currently? Yes No  ***Comments:*** | | | | | | | |
| **Current Placement Information** | | | | | | | |
| Name of Family or Facility: | | | Contact Person: | | | | |
|  | | | | | | | |
| Address: | | | Phone Number:  Email: | | | | |
| Primary Permanency Goal:  Concurrent Permanency Goal:  Is child legally free? Yes No  Is this a re-referral? Yes No | | | | | | | |
| **Contact Information** | | | | | | | |
| SWAN ID#: | | | PAE ID#:  DHS Number (Philadelphia): | | | | |
| County Agency: | | Contact Person: | | | Phone Number:  Email: | | |
| SWAN Affiliate: | | Contact Person: | | | Phone Number:  Email: | | |
| CUA *(Philadelphia only)*: | | Contact Person: | | | Phone Number:  Email: | | |
| Other Private Agency: | | Contact Person: | | | Phone Number:  Email: | | |
| Other: | | Contact Person: | | | Phone Number:  Email: | | |
| Other: | | Contact Person: | | | Phone Number:  Email: | | |

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| --- | --- |
| **Child Meeting Summary** *(This is monthly, not cumulative)* | |
| Meeting Date: | Location: |
|  | |
| Meeting Date: | Location: |
|  | |
| Meeting Date: | Location: |
|  | |
| Meeting Date: | Location: |
|  | |
| Meeting Date: | Location: |
|  | |
| Meeting Date: | Location: |
|  | |

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| **CSR Contacts** *(This is monthly, not cumulative)* | |
| **Contact:**       **Dates:**  **Notes:** |
| **Contact:**       **Dates:**  **Notes:** |
| **Contact:**       **Dates:**  **Notes:** |
| **Contact:**       **Dates:**  **Notes:** |
| **Contact:**       **Dates:**  **Notes:** |
| **Contact:**       **Dates:**  **Notes:** |

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| **Significant Connections With Supportive Adults** *(This is cumulative)* | |
| **Contact:**        **Notes:** |
| **Contact:**  **Notes:** |
| **Contact:**        **Notes:** |
| **Contact:**        **Notes:** |
| **Contact:**        **Notes:** |
| **Contact:**        **Notes:** |

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| **Factors That May Impact Service** | |
| **Factors** | **Discussion** |
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| **Recruitment Strategies** *(This is cumulative)* |

This is not a complete list of possible strategies for CSR. It is provided here as an example of possible activities, but the recruitment plan needs to be individualized for each child. Plans may include some or all of the activities listed below, as well as, additional strategies that are not on this list.

|  |  |
| --- | --- |
| **Strategies** | **Comments** |
| Register with PAE using CY-130. (PAE registration includes registration with Adopt PA Kids) |  |
| Write narrative/update to narrative |  |
| Professional photos/update photo |  |
| Determine the locations for recruitment to be used for this child, including but not limited to:   * Churches * Fairs * Newsletters such as NACAC, PSRFA, etc * Websites * Foundations whose focus is specific to the child’s needs such as cystic fibrosis, autism, etc. |  |
| Create flyers |  |
| Create video |  |
| Matching events |  |
| Matching moments |  |
| SWAN winter statewide |  |
| SWAN quarterly meetings |  |
| Annual Pennsylvania SWAN/IL Permanency Conference: |  |
| #MeetTheKids |  |
| Google groups |  |
| Waiting child TV tapings |  |
| Agency newsletters |  |
| PAE electronic match |  |
| PAE customized match |  |
| Family finding |  |
| SWAN Facebook spotlight |  |
| OCMI |  |
| Wendy’s Wonderful Kids |  |
| Waiting child CD |  |
| [Strategies for Permanency](http://swantoolkit.org/wp-content/uploads/CSR-Recipes-for-Permanency-2019-0705.pdf) |  |
|  |  |
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| --- |
| **Based on CSR Plan, describe tasks/actions to be taken for next month** (*be specific*)**:** |
| **For Final Monthly Report** |
| **Did a match occur?** Yes No  **If yes, how?**  **Is an additional unit of CSR recommended?** Yes No  **Comments:** |
|  |

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| --- | --- |
| **Signatures** | |
| CSR Worker Signature | Date |
|  |  |
| Supervisor Signature | Date |
|  |  |
| Child/Youth Signature If Appropriate | Date |
|  |  |