

Department of Children and Families
PERMANENCY PLANNING TEAM REPORT

DCF-2045
 5/16 (Rev.)



Child's Last Name:		Child's First Name:		LINK #:	Person ID #:
Child's DOB:		Child's Race (as noted in LINK):		Child's Ethnicity (as noted in LINK):	
DCF Social Worker:		DCF Office:			
Name of Persons Attending Permanency Planning Team					
1.		7.			
2.		8.			
3.		9.			
4.		10.			
5.		11.			
6.		12.			
Permanency Planning Team Recommendations					
<input type="checkbox"/> Child to be placed in non-related adopted home		Name of Family(ies):			
<input type="checkbox"/> Child to be adopted by Foster Parent		Name of Family(ies):			
<input type="checkbox"/> Child to be adopted by Foster Relative		Name of Family(ies):			
<input type="checkbox"/> Child to be placed in Legal Risk placement		Name of Family(ies):			
<input type="checkbox"/> Child to be placed in long term care			<input type="checkbox"/> Child to be placed in Independent Living – Child is over age 14		
<input type="checkbox"/> Specialized recruitment effort for child legally free for adoption		Please explain:			
<input type="checkbox"/> Family(ies) considered not appropriate, <input type="checkbox"/> Please attach a copy of the DCF-431 (Report of Non-Use of Adoptive Homes, for each family listed)					
<input type="checkbox"/> Team needs further information: Please explain:					
Next team meeting scheduled for:	Date:	Time:	Location:		
Recommendations:					
Comments:					
Chairperson First Name:		Chairperson Last Name:		Chairperson Signature:	
				Date:	