



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
VOLUNTARY PLACEMENT/FOSTER CARE PROGRAM

**Permanency Plan**  
**Child with disabilities (RCW 74.13.350)**

DATE(S) OF HEARING(S)	
CAUSE NUMBER	CASE NUMBER

**IDENTIFYING INFORMATION**

CHILD'S NAME (LAST, FIRST, MIDDLE INITIAL)	CHILD'S BIRTH DATE	CHILD'S SOCIAL SECURITY NUMBER
PRESENT CARETAKER AND LOCATION		
CURRENT LEGAL STATUS		
ETHNICITY (CHECK ALL THAT APPLY) <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American (per Attachment A on Individual Service Plan), dated: _____		

**PLACEMENT INFORMATION**

TYPE OF PLACEMENT	DATE OF INITIAL PLACEMENT	COURT REVIEW DATE
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**PRINCIPLE(S) INVOLVED**

NAME	ADDRESS	TELEPHONE NUMBER
MOTHER/LEGAL GUARDIAN		
FATHER/LEGAL GUARDIAN		
GAL		
SOCIAL WORKER		

REASON FOR OUT-OF-HOME PLACEMENT

PRIMARY PLACEMENT GOALS  
 Return home     Guardianship     Adoption     Long term agreement out-of-home

**PERMANENCY PLAN**

ALTERNATE GOALS (IF APPLICABLE)

SUMMARY STATEMENT (PROGRESS TOWARD PRIMARY PLACEMENT GOAL)