



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
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
PRINCIPLE(S) INVOLVED		
NAME	ADDRESS	TELEPHONE NUMBER
MOTHER/LEGAL GUARDIAN		
FATHER/LEGAL GUARDIAN		
GUARDIAN AD LITEM		
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)