



## Guardianship Approval Checklist

CHILD/YOUTH'S NAME	DATE OF BIRTH
NAME OF PROPOSED GUARDIAN(S)	NAME OF CASEWORKER
<p><input type="checkbox"/> A Shared Planning meeting has occurred which included the following participants as required:</p> <ul style="list-style-type: none"> <li>• Child/youth (when appropriate per age and developmental capacity)</li> <li>• Potential guardian</li> <li>• Birth parents (when appropriate and available)</li> <li>• Current caregivers (if different from potential guardian)</li> </ul> <p><input type="checkbox"/> The child/youth's opinions were considered in determining the Permanent Plan.</p> <p><input type="checkbox"/> Youth age 14 or older have provided consent to the guardianship by completing the <a href="#">Consent to Guardianship DCYF 09-021 form</a>.</p> <p><input type="checkbox"/> The completed <a href="#">Shared Planning Meeting DCYF 14-474 form</a> and sign-in sheet are attached. Date shared meeting occurred _____.</p> <p>Clearly state the reason(s) that the permanent plans listed below are not in the child/youth's best interests:</p> <p><input type="checkbox"/> Reunification:</p> <p><input type="checkbox"/> Adoption:</p> <p><input type="checkbox"/> The proposed guardian was provided the <a href="#">Permanency Planning Matrix DCYF 16-231</a>. The proposed guardian is a <input type="checkbox"/> Relative <input type="checkbox"/> Non-Related Foster Parent <input type="checkbox"/> Other Suitable Person</p> <p><input type="checkbox"/> DCYF caseworker has complied with all Federal Indian Child Welfare Act requirements with respect to the child/youth. Tribal or Local Indian Child Welfare Advisory Committees (LICWAC) decision: <input type="checkbox"/> Supports a plan of guardianship <input type="checkbox"/> Does not support a plan of guardianship <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> A thorough relative search has been conducted and documented.</p> <p><input type="checkbox"/> Placement with siblings was considered. If not placed with sibling(s), provide an explanation:</p> <p><input type="checkbox"/> The proposed guardian understands and is willing to accept their roles and responsibilities to be a guardian and has signed the Declaration of Proposed Guardian. <b>(Please attach the signed Declaration of Proposed Guardian).</b></p> <p><input type="checkbox"/> The proposed guardian is informed about and is prepared to manage any court ordered visits with birth family members. Recommended visitation plan is attached.</p> <p><input type="checkbox"/> DCYF has provided disclosure of information about the child/youth to the proposed guardian, in order to ensure proper care for the child/youth. (All information regarding this child/youth from the health and education section of the file. Also include a copy of all court reports, and ICW information.) Date provided: _____</p>	

- Parental consent(s) authorizing the release of disclosure to the proposed guardian using [Consent DCYF 14-012](#).
- The proposed guardian has an approved home study per Policies and Procedures [5100. Completing the Home Study](#) and [RCW 74.15.090](#).
- The child/youth has been placed in the proposed guardian's home for a minimum of 6 months after the proposed guardian became licensed. Date of placement: \_\_\_\_\_ Date of license \_\_\_\_\_
- The proposed guardian meets the requirements of, and will apply for, R-GAP subsidy:  Yes  No  
If yes:
  - The proposed guardian has been informed that the guardianship hearing cannot take place until the R-GAP agreement is signed by the proposed guardian and the Regional R-GAP Gatekeeper.
  - The Regional R-GAP Gatekeeper has been notified about the pending R-GAP application.
- The proposed guardian has been informed that they are not eligible for a guardianship subsidy through DCYF, but may be eligible for assistance through the local Community Service Office.

COMMENTS:

**I approve establishing a guardianship for this child/youth.**  Yes  No

SUPERVISOR SIGNATURE	DATE
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**I approve establishing a guardianship for this child/youth.**  Yes  No

AREA ADMINISTRATOR (OR DESIGNEE) SIGNATURE	DATE
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**I approve establishing a guardianship for this child/youth.**  Yes  No

REGIONAL ADMINISTRATOR (OR DESIGNEE) SIGNATURE	DATE
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