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| P1C1T1#y1**Guardianship Approval Checklist**Complete this checklist when guardianship (Chapters [13.36](https://apps.leg.wa.gov/RCW/default.aspx?cite=13.36) or [11.130](https://app.leg.wa.gov/RCW/default.aspx?cite=11.130) RCW) is the permanency plan for a dependent child or youth. |
| CHILD’S OR YOUTH’S NAME | DATE OF BIRTH |
| PROPOSED GUARDIANS’ NAMES | CASEWORKER’S NAME  |
| **Permanency Planning Meeting:****[ ]** A [Shared Planning Meeting](https://www.dcyf.wa.gov/1700-case-staffings/1710-shared-planning-meetings) occurred addressing all permanency options and included the required participants as outlined on the [Shared Planning Guide CWP\_0070](https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0070.pdf) publication. Dates shared planning meeting occurred: **[ ]** The completed [Shared Planning Meeting DCYF 14-474](https://www.dcyf.wa.gov/forms?field_number_value=14-474&title) form, including documented meeting participants in Section 3, is attached.  |
| **[ ]** The proposed guardian was provided the [Permanency Planning Matrix DCYF CWP\_0088](https://www.dcyf.wa.gov/publications-library?combine_1=CWP_0088&combine=&field_program_topic_value=All&field_languages_available_value=All) publication. * The proposed guardian is a **[ ]**  Relative **[ ]**  Suitable Person **[ ]**  Non-Related Foster Parent
* Describe the relative relationship ([RCW 74.15.020(2)(a) Relative Definition](https://apps.leg.wa.gov/RCW/default.aspx?cite=74.15.020)):

**[ ]** The child’s/youth’s opinions were considered in determining the Permanent Plan.**Youth Consent:**  **[ ]** Youth isage 14 or older have provided consent to the guardianship by completing the [Consent to Guardianship 09-021](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-021%20%20%20%20%20Consent%20to%20Guardianship.pdf) form. **[ ]** Youth is underage 14 and consent is not applicable. |
| **Permanency Planning Decisions:** State the reasons that the guardianship is in the child’s or youth’s best interests: State the reasons that the permanent plans listed below are not in the child’s or youth’s best interests:[ ]  Reunification:  |
| [ ]  Adoption:  |
| **Indian Child Welfare (ICW):****[ ]**  DCYF caseworker has complied with all Federal Indian Child Welfare Act requirements with respect to the  child or youth. The child or youth:**[ ]** Meets the definition of an Indian child. **[ ]** Does not meet the definition of an Indian child and there is no reason to know that the child or youth is or may be and Indian child.For a child or youth that meets the definition of an Indian child: * Tribal or Local Indian Child Welfare Advisory Committees (LICWAC) decision:

 **[ ]**  Supports a plan of guardianship **[ ]**  Does not support a plan of guardianship [ ]  N/A * The tribe is in support of the permanent plan of guardianship.

 [ ]  Yes [ ]  No* The proposed guardian is a relative based on tribal code or custom obtain in writing from the tribe verification of placement.

 [ ]  Yes [ ]  No[ ]  The cultural plan has been discussed by a tribal representative with the proposed guardian. DCYF recognizes that children and youth need to maintain a connection to their culture and community.**Guardianship Requirements:****[ ]**  A thorough relative search has been conducted and documented throughout the life of the case. If not placed with a relative or suitable person provide an explanation: **[ ]**  Placement with siblings was considered. If not placed with siblings, provide an explanation:  |
| **[ ]** 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](https://www.courts.wa.gov/forms/documents/JU14_0250%20Declaration%20of%20Proposed%20Guardian.DOC) (**Please attach the signed Declaration of Proposed**  **Guardian**). **[ ]**  The proposed guardian is informed about and is prepared to manage any court ordered visits with birth family members. Recommended visitation plan is attached.**[ ]**  The proposed guardian has an approved home study per the [Completing the Home Study](https://www.dcyf.wa.gov/5100-applying-foster-parent-or-unlicensed-caregiver/5110-completing-home-study) policy and [RCW 74.15.090](https://apps.leg.wa.gov/RCW/default.aspx?cite=74.15.090). Date of completion:[ ]  The child or youth has been placed in the proposed guardian’s home for a minimum of six consecutive months prior to the guardianship being established. Date of placement:      **Disclosure for Children or Youth Entering Guardianships:** [ ]  Follow the: **[ ]** [Guardianships](https://www.dcyf.wa.gov/4300-case-planning/4340-guardianships) policy **[ ]** [Consent Decision Tree DCYF CWP\_0006](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dcyf.wa.gov%2Fpublications-library%3Fcombine_1%3DCWP_0006%26combine%3D%26field_program_topic_value%3DAll%26field_languages_available_value%3DAll&data=05%7C01%7Cgeene.delaplane%40dcyf.wa.gov%7Cdf90b268d38d4a595acf08db19cd6a8d%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638132142269107033%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=7a2oFWmwGSbeHtHpX5Q%2FMCqOnL70mEMwLFfuQO8p3Ww%3D&reserved=0) publication Youth consent:[ ]  Youth is age 14 or older and has provided consent authorizing the release of disclosure to the proposed guardians using the [Consent to Guardianship 09-021](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-021%20%20%20%20%20Consent%20to%20Guardianship.pdf) form. **[ ]** Youth is underage 14 and consent is not applicable.  [ ]  Provided disclosure to the proposed guardians about the child or youth, to verify they have the information needed to provide proper care to them. This includes, but is not limited to, all redacted information regarding this child or youth from their (1) health, (2) education, (3) court reports, and (4) ICW records. Date disclosure was provided:       [ ]  Complete Section A of the [Acknowledgement of the Child(ren)’s Guardianship Disclosure File DCYF 09-027](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/forms?field_form_number_value=09-027&title) form. **\**  [ ]  If information requested by guardian is beyond what is necessary to provide care to the child or youth, as authorized  by [RCW 74.13.280,](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2Frcw%2Fdefault.aspx%3Fcite%3D74.13.280&data=05%7C01%7Cgeene.delaplane%40dcyf.wa.gov%7Cdf90b268d38d4a595acf08db19cd6a8d%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638132142269107033%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Vq6Pa4MK32kTwJz8ofVuQJJFZk3HP%2BfHOAc%2FZeR611Y%3D&reserved=0)  request: **[ ]** Parent permission.  **[ ]** Authorization by court order, if unable to obtain parent permission.  **[ ]** If court order is not obtained complete Section B of the [Acknowledgement of the Child's or Youth's Guardianship Disclosure DCYF 09-027](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/forms?field_form_number_value=09-027&title) form.  |
| **Guardianship Assistance Program (GAP):**The proposed guardian meets the GAP requirements and will apply for GAP subsidy: **[ ]**  Yes **[ ]**  NoIf yes, verify the following:* The case is Title 4-E eligible **[ ]**  Yes **[ ]**  No
* The Regional GAP Gatekeeper has been notified about the pending GAP application. **[ ]**  Yes **[ ]**  No
* The proposed guardian is fully licensed. Date licensed:
* The proposed guardian was informed that the guardianship cannot be finalized until the GAP agreement is signed by the proposed guardian and the Regional GAP Gatekeeper. **[ ]**  Yes **[ ]**  No

If no, verify the following:* The proposed guardian was informed that they are not eligible for a DCYF guardianship subsidy, but may be eligible for assistance through the local Community Service Office. Date informed:
* **GAP Gatekeeper Only** (Select one) FUNDING SOURCE: **[ ]**  Federal **[ ]**  State
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| COMMENTS: |
| **I approve establishing a guardianship for this child or youth.**  **[ ]**  Yes **[ ]**  No |
| SUPERVISOR SIGNATURE | DATE |
| **I approve establishing a guardianship for this child or youth. [ ]**  Yes **[ ]**  No |
| AREA ADMINISTRATOR (OR DESIGNEE) SIGNATURE | DATE |
| **I approve establishing a guardianship for this child or youth.**  **[ ]**  Yes **[ ]**  No |
| REGIONAL ADMINISTRATOR (OR DESIGNEE) SIGNATURE | DATE |