

SWAN Eligibility Report/Update(CY 890)

INSTRUCTIONS: This form is used to report and update information about children with a goal of adoption who are in the custody of county children and youth agencies. Initial report is to be submitted within 30 days of a court approving the goal. Updates are to be submitted within 30 days of a change in previously reported information. MAIL COMPLETED FORM TO: SWAN Prime Contractor, 471 JPL Wick Drive, P.O. Box 4560, Harrisburg, PA 17111, or FAX: 1-866-903-2684.

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☐SWAN#		☐ DHS #	□DHS#			□PAE#		
CHILD DEMOGRAPHICS								
CHILD'S LAST NAME: CHILD'S FIRST NAME: MI:								
0.1122 0 2.101 1.11 1.1	· - ·					1.5		
DATE OF BIRTH:		SOCIAL SECURITY	# (Requester	4)·	GENDER:			
DATE OF BIRTH: SOCIAL SECURITY # (Requested			MALE FEMALE					
RACE AND ETHNICITY - Check all that apply:								
RACE: ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ UNABLE TO DETERMINE								
ETHNICITY: HISPANIC NON-HISPANIC UNABLE TO DETERMINE								
AGENCY INFORMATION								
COUNTY CHILDREN AND YOUTH AGENCY COUNTY CASEWORKER (Full name)								
MAILING ADDRESS				EMAIL				
CITY STATE ZIP TELEPHONE # FAX #								
CITY		STATE ZIP	(HONE #	fax (\# \		
CHILD'S PRIMARY GOAL								
DATE CURRENT GOAL ESTABLISHED: GOAL UNDER APPEAL - DATE:								
REUNIFICATION ADOPTION PLC FIT AND WILLING RELATIVE APPLA								
CHILD'S CONCURRENT GOAL								
DATE CORREINT GOAL ESTABLISHED:				GOAL UNDER APPEAL - DATE:				
REUNIFICATION ADOPTION PLC FIT AND WILLING RELATIVE APPLA								
CHILD'S STATUSES								
CURRENT PLACEMENT:								
DATE CURRENT PLACEMENT ESTABLISHED:								
DDE ADODTIVE HOME (kinchin) DDE ADODTIVE HOME (non kinchin) DECCES CARE (1) 1 1 1								
PRE-ADOPTIVE HOME (kinship) PRE-ADOPTIVE HOME (non-kinship) FOSTER CARE (kinship) FOSTER CARE (kinship) INSTITUTION GROUP HOME SUPERVISED INDEPENDENT LIVING								
FOSTER CARE (non-kinship) INSTITUTION GROUP HOME SUPERVISED INDEPENDENT LIVING TRIAL HOME VISIT OTHER								
TPR STATUS (CHECK ONE):								
PARENTAL RIGHTS NOT TERMINATED PARENTAL RIGHTS TERMINATED MOTHER DECEASED - DATE:								
MOTHER'S RIGHTS TERMINATED - DATE:				FATHER DECEASED - DATE:				
FATHER'S RIGHTS TERMINATED - DATE:				TERMINATION UNDER APPEAL - DATE APPEALED:				
ADOPTIVE RESOURCE STATUS:								
DOES CHILD HAVE ADOPTIVE RESOURCE IDENTIFIED? YES NO INTENT TO ADOPT FILED - DATE:								
FAMILY & CHILD PREPARATION:								
FAMILY PROFILE (STUDY) NOT COMPLETE CHILD NOT PREPARED FOR ADOPTION CHILD AND FAMILY PREPARED								
CYS CASE STATUS:								
CLOSED - DATE:								
REUNIFIED GUARDIANSHIP LIVING WITH RELATIVE						LIVING WITH RELATIVE		
☐ EMANCIPATED ☐ DECEASED ☐ TRANSFERRED TO					R AGENCY	RUNAWAY*		
*RUNAWAY may only be indicated if the county agency has been dismissed of responsibility for care and placement.								