



VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
CHILD-SPECIFIC RECRUITMENT PLAN

To the LDSS: Use this tool to develop an adoption recruitment plan and track recruitment activities for children when their parents' rights have been terminated, and an adoptive home has not been identified.

AGENCY INFORMATION

LDSS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FSS NAME: \_\_\_\_\_ FSS EMAIL: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CASE INFORMATION

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TPR DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

CHILD'S CURRENT PLACEMENT TYPE: \_\_\_\_\_ DATE OF PLACEMENT: \_\_\_\_\_

NAME OF CURRENT PLACEMENT / CAREGIVERS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

If this is a residential placement, date of the anticipated discharge: \_\_\_\_\_

WAS THE CHILD CONSULTED ABOUT THE DEVELOPMENT OF THIS RECRUITMENT PLAN? ☐ Y ☐ N IF YES, DATE OF MEETING: \_\_\_\_\_

IF NOT, WHY NOT? \_\_\_\_\_

Describe the child/youth's desires regarding an adoptive family:

\_\_\_\_\_

SIBLINGS: MEMBER OF SIBLING GROUP: ☐ Y ☐ N ONLY INCLUDE SIBLINGS IN CARE AND AVAILABLE FOR ADOPTION

Name of Sibling	Date of Birth	Goal	Amount and Type of Sibling Contact	Placement Together	If not, Why not?
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

BARRIERS TO ADOPTION PLACEMENT (Document Child Specific Barriers to Adoption Placement)						
Barrier	Efforts In Place To Eliminate Barrier		Resources Needed	Person Responsible	Date Barrier Will Be Eliminated or Indicate If Ongoing	
_____	_____		_____	_____	_____	
_____	_____		_____	_____	_____	
_____	_____		_____	_____	_____	
WITHIN 30 DAYS BEGINNING DATE: _____ TO: _____	DATE COMPLETED	POC INFORMATION*	NUMBER OF RESPONSES	FOLLOW-UP NEEDED	FAMILY IDENTIFIED	NOTES
REVIEW CASE RECORD/ INTERVIEW CURRENT WORKER(S)	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
INTERVIEW CHILD	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
OBTAIN CURRENT PHOTOGRAPH	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
CREATE FLYER	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
RE-EXAMINE KINSHIP OPPORTUNITIES	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
REGISTER CHILD WITH AREVA OR VERIFY REGISTRATION	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
REGISTER CHILD WITH ADOPTUSKIDS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
REGISTER CHILD ON FAMILY MATCH	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
POST CHILD ON VARIOUS AGENCIES WEBSITES	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

30 – 60 DAYS FROM:_____ TO: _____	DATE COMPLETED	POC INFORMATION	NUMBER OF RESPONSES	FOLLOW- UP NEEDED	FAMILY IDENTIFIED	NOTES
UPDATE AGENCY ADOPTION PHOTO BOOK	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PRESENT CHILD AT NEW PARENT TRAINING ORIENTATION – VARIOUS AGENCIES	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PRESENT CHILD AT LDSS PRE-SERVICE TRAINING	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PRESENT CHILD AT IN-SERVICE TRAINING	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PRESENT CHILD AT ADOPT OR EMAIL LISTSERVE	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
ADOPTION MIXERS/OUTINGS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
CONTACT CHILD’S SUPPORT RESOURCES	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
DISTRIBUTE FLYER TO AGENCIES WITH APPROVED FAMILIES	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
FEATURE CHILD IN VARIOUS AGENCIES NEWSLETTERS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
CONTACT/PRESENT CHILD TO LOCAL CHURCHES OR OTHER COMMUNITY GROUPS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
RADIO INTERVIEW WITH LOCAL STATIONS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
FEATURE ARTICLE IN LOCAL PAPER	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

60 – 90 DAYS FROM: _____ TO: _____	DATE COMPLETED	POC INFORMATION	NUMBER OF RESPONSES	FOLLOW- UP NEEDED	FAMILY IDENTIFIED	NOTES
ADOPTED PARENT SUPPORT GROUP PRESENTATION	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
PERSONAL INTERVIEW/VIDEO WITH CHILD	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
TELEVISION APPEARANCE	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
DAVE THOMAS FOUNDATION / WENDY'S WONDERFUL KIDS	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
ADOPTTALK	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
EXTREME RECRUITMENT	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
ADOPTION CONSORTIUM	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

30 Days - Family Service Specialist's Signature: \_\_\_\_\_

Family Service Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

60 Days - Family Service Specialist Signature: \_\_\_\_\_

Family Service Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

90 Days - Family Service Specialist Signature: \_\_\_\_\_

Family Service Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_