

Sibling Split Request

This form is to be completed for siblings when there is a request for consideration of them not achieving permanency together.			
Date of Review:			FACTS Case Number(s): Assigned DCF Staff:
Siblings	DOB:	Referral Date	Current Placement

Section 1: Parents' Names:	Date of PRT/Relinquishment:

Section 2 Date of out of home placement and reason for removal:

Section 3 Placement history of each sibling, to include attempts at placement of the siblings together:

Section 4 Describe why a split would be in the best interest of the siblings:

Section 5 Describe the interventions that have occurred to address the reasons for sibling split consideration.

Section 6 Describe the impact of siblings staying together or split (Discuss for Each Sibling)
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Section 7 Therapeutic input from providers working with the siblings (individually or as a group):

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Section 8 Describe the recruitment efforts made for each sibling and for the sibling group

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Section 9 Identified Resource for each sibling

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Section 10 Plans for continued contact:

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Provider Case Manager Signature

Date

Provider Case Team Supervisor

Date

Recommendations of the Staffing Committee:

Sibling Split Request

Staffing Committee Signatures:

Name

Date

Name

Date

Name

Date

Name

Date

CWCMP Program Director Approval

Date

