

## Sibling Split Request

This form is to be completed for siblings when there is a request for consideration of them not achieving permanency together.

Distribution: Foster Care Liaison and GAL

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:

## Sibling Split Request

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)

Section 7 Therapeutic input from providers working with the siblings (individually or as a group):

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

## Sibling Split Request

### Section 9 Identified Resource for each sibling

### Section 10 Plans for continued contact:

\_\_\_\_\_  
Provider Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Case Team Supervisor

\_\_\_\_\_  
Date

### Recommendations of the Staffing Committee:

Staffing Committee Signatures:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CWCMP Program Director Approval

\_\_\_\_\_  
Date

