

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, P.O. Box 959, Camp Hill, PA 17001-0959, or **FAX:** 1-866-903-2684.

<input type="checkbox"/> SWAN #	<input type="checkbox"/> DHS #	<input type="checkbox"/> PAE #
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CHILD DEMOGRAPHICS

CHILD'S LAST NAME:	CHILD'S FIRST NAME:	MI:
DATE OF BIRTH:	SOCIAL SECURITY # (Requested):	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE AND ETHNICITY - Check all that apply:		
RACE: <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> UNABLE TO DETERMINE		
ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> UNABLE TO DETERMINE		

AGENCY INFORMATION

COUNTY CHILDREN AND YOUTH AGENCY	COUNTY CASEWORKER (Full name)
MAILING ADDRESS	EMAIL
CITY	STATE ZIP TELEPHONE # FAX # () ()

CHILD'S PRIMARY GOAL

DATE CURRENT GOAL ESTABLISHED:	<input type="checkbox"/> GOAL UNDER APPEAL - DATE:
<input type="checkbox"/> REUNIFICATION <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> FIT AND WILLING RELATIVE <input type="checkbox"/> APPLA	

CHILD'S CONCURRENT GOAL

DATE CURRENT GOAL ESTABLISHED:	<input type="checkbox"/> GOAL UNDER APPEAL - DATE:
<input type="checkbox"/> REUNIFICATION <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> FIT AND WILLING RELATIVE <input type="checkbox"/> APPLA	

CHILD'S STATUSES

CURRENT PLACEMENT:	
DATE CURRENT PLACEMENT ESTABLISHED:	
<input type="checkbox"/> PRE-ADOPTIVE HOME (kinship) <input type="checkbox"/> PRE-ADOPTIVE HOME (non-kinship) <input type="checkbox"/> FOSTER CARE (kinship) <input type="checkbox"/> FOSTER CARE (non-kinship) <input type="checkbox"/> INSTITUTION <input type="checkbox"/> GROUP HOME <input type="checkbox"/> SUPERVISED INDEPENDENT LIVING <input type="checkbox"/> TRIAL HOME VISIT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> OTHER _____	
TPR STATUS (CHECK ONE):	
<input type="checkbox"/> PARENTAL RIGHTS NOT TERMINATED	<input type="checkbox"/> PARENTAL RIGHTS TERMINATED
<input type="checkbox"/> MOTHER DECEASED - DATE:	<input type="checkbox"/> FATHER DECEASED - DATE:
<input type="checkbox"/> MOTHER'S RIGHTS TERMINATED - DATE:	<input type="checkbox"/> TERMINATION UNDER APPEAL - DATE APPEALED:
<input type="checkbox"/> FATHER'S RIGHTS TERMINATED - DATE:	
ADOPTIVE RESOURCE STATUS:	
DOES CHILD HAVE ADOPTIVE RESOURCE IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INTENT TO ADOPT FILED - DATE:
FAMILY & CHILD PREPARATION:	
<input type="checkbox"/> FAMILY PROFILE (STUDY) NOT COMPLETE	<input type="checkbox"/> CHILD NOT PREPARED FOR ADOPTION <input type="checkbox"/> CHILD AND FAMILY PREPARED
CYS CASE STATUS:	
<input type="checkbox"/> CLOSED - DATE:	
<input type="checkbox"/> REUNIFIED	<input type="checkbox"/> FINALIZED
<input type="checkbox"/> EMANCIPATED	<input type="checkbox"/> DECEASED
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> GUARDIANSHIP
	<input type="checkbox"/> TRANSFERRED TO ANOTHER AGENCY
	<input type="checkbox"/> LIVING WITH RELATIVE
	<input type="checkbox"/> RUNAWAY*

*RUNAWAY may only be indicated if the county agency has been dismissed of responsibility for care and placement.

SWAN Eligibility Report/Update - CY890 Instructions

Submit to:	SWAN Prime Contract, P.O. Box 959, Camp Hill PA 17001-0959 or fax to 1-866-903-2684
When to use:	<ol style="list-style-type: none"> 1. To report and update information on children in the custody of county children and youth agencies who have a goal of adoption. 2. Must be updated whenever the placement status of a child changes. 3. Must be updated each time a child moves. <p>Please contact your SWAN regional technical assistant if you have additional questions about completing the CY890.</p>
Used By:	County Children and Youth Agencies
Comments:	<ol style="list-style-type: none"> 1. Submit within 30 days of court approving child's goal change to adoption. Updates must be submitted within 30 days of a change in any previously reported information and must include the date of the change. 2. As defined by the SWAN Bulletin: Pre-adopt families are selected by county agency or court and who intend to adopt a child placed in their home and for whom adoption finalization is pending. Foster-adopt families are approved/licensed families who provide foster care or formal kinship care and who now intend to adopt a child who was placed in their home for fostering. Child's placement status should not be changed to pre-adopt, foster-adopt or other (kinship-adopt) until family has committed to adopting that child.
Information about the SWAN Eligibility Report/Update Form - CY890	
SWAN #	Include the SWAN number assigned by SWAN Prime Contractor (if applicable)
DHS #	For children from Philadelphia, include the county identifying number.
PAE #	If Pennsylvania Adoption Exchange (PAE) gives the child a PAE ID number, a CY890 form must be submitted. If no PAE ID number is available, write "none." Children with termination of parental rights (TPR) for more than 90 days and with no intent to adopt filed must be registered with PAE. If unsure whether child has a PAE ID number, contact 1-800-227-0225.
CHILD DEMOGRAPHICS	
Child's Name (First, Middle, Last)	If child is known by more than one last name, list both
Date of Birth	mm/dd/year format
Social Security Number	If none, write "none"
Gender	Check the box for male or female.
Race and Ethnicity	<ul style="list-style-type: none"> • Check all that apply, Choices are: American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White and Unable to Determine. • Ethnicity: Choices are Hispanic, Non-Hispanic and Unable to Determine
AGENCY INFORMATION	
County Children and Youth Agency	Name of county of custody
County Caseworker	Contact person in county children and youth agency who may be contacted about information on form

Mailing Address	Agency contact information should include mailing street and/or PO Box number address, city, state, & zip.
Email	E-mail address for county contact person
Phone Number	Telephone number with area code of listed contact person
Fax Number	Fax number with area code for county agency
CHILD'S PRIMARY GOAL	
Date Current Goal Established	<ul style="list-style-type: none"> • Court-ordered date of primary goal in mm/dd/yyyy format • If date for goal of adoption is same as TPR, please enter court date of TPR here. • Cannot be a future date based on today's date • Must occur on same day or before dates for Date Closed, Goal Under Appeal, Father and Mother's rights are terminated
Goal Under Appeal	If goal is under appeal, check box and provide date appeal was filed
Goal	<ul style="list-style-type: none"> • Enter child's primary goal <ul style="list-style-type: none"> ○ For initial registration, adoption must be either the primary goal or the concurrent goal. If goal of adoption is not established as a primary or concurrent goal, then do not complete the CY 890. ○ For updates to CY 890, acceptable goal change choices are Reunification, Adoption, Permanent Legal Custodian (PLC), Fit and Willing Relative, Another Planned Permanent Living Arrangement (APPLA).
CHILD'S CONCURRENT GOAL	
Date Current Goal Established	<ul style="list-style-type: none"> • Court-ordered date of concurrent goal in mm/dd/yyyy format • If date for goal of adoption is same as TPR, please enter court date of TPR here. • Cannot be a future date based on today's date • Must occur on same day or before dates for Date Closed, Goal Under Appeal, Father and Mother's rights are terminated
Goal Under Appeal	If goal is under appeal, check box and provide date appeal was filed
Goal	<ul style="list-style-type: none"> • Enter child's concurrent goal <ul style="list-style-type: none"> ○ For initial registration, adoption must be either the primary goal or the concurrent goal. If goal of adoption is not established as a primary or concurrent goal, then do not complete the CY 890. ○ For updates to CY 890, acceptable goal change choices are Reunification, Adoption, Permanent Legal Custodian (PLC), Fit and Willing Relative, Another Planned Permanent Living Arrangement (APPLA).
CHILD'S STATUSES	
Current Placement	
Current Placement Established:	Date current placement (i.e. current living arrangement) was established in mm/dd/year format. Must be same day or before Date Closed
Current Placement:	Choices are Pre-Adoptive Home (kinship), Pre-Adoptive Home (non-kinship), Foster Care (kinship), Foster Care (non-kinship), Institution, Group Home, Supervised Independent Living, Trial Home Visit, Runaway and Other. "Other" is used if none of the categories listed pertain and child is not in permanent placement. If "Other" is selected, indicate other placement in space provided.
TPR Status	

Parental Rights Not Terminated / Parental Rights Terminated	Indicate current status of child's parental rights.
Date Mother's Rights Terminated	Enter date mother's rights were terminated in mm/dd/yyyy format
Date Father's Rights Terminated	Enter date father's rights were terminated in mm/dd/yyyy format
Parents Deceased	Check if either or both parents are deceased. Provide date of death in mm/dd/year format.
Termination Under Appeal	If termination of either or both parent's rights is under appeal, please check this box.
Date Appealed	List date(s) parental rights were appealed. Note: Date TPR was granted is still required, even if TPR is under appeal or was granted and then immediately appealed.
Adoptive Resource Status	
Does child have an adoptive resource identified?	Check yes or no. For further explanation, see Comments section on page 1.
Intent to Adopt	<ul style="list-style-type: none"> If an intent to adopt has been filed, check the box and enter the day in the mm/dd/year format. <i>Information about when intent was filed is available from pre-adoptive family, pre-adoptive family's attorney (with family's permission), or county prothonotary office. Sources will vary from county to county. Once a family makes commitment and agency selects family, Adoption Act requires intent to be filed within 30 days.</i>
Adoptive Resource (clarification)	For families committed to adoption, provide information about pending adoption finalization. Select applicable status: family profile/study is NOT complete, child is NOT prepared for adoption, both child & family ARE prepared for finalization.
Family & Child Preparation	
Family Profile Not Complete	For families committed to adoption, provide information about current status of the family's profile. Check if the family profile (study) is NOT complete
Child Not Prepared	For families committed to adoption, provide information about current status of the child's preparedness. Check if the child is not prepared for adoption.
Child & Family Prepared	For families committed to adoption, provide information about current status of the family and child. Check if the family and child ARE prepared for adoption.
CYS CASE STATUS	
Closed	Check if the county no longer has custody of child and provide date court ordered custody changed. Provide date in mm/dd/year format.
Reason	Check reason for why child is no longer in county custody. Possible options are: Reunified, Finalized, Guardianship, Living with Relative, Emancipated, Deceased, Transferred to Another Agency, Runaway or Other. If selecting Other, please enter reason in space provided. "Runaway" may only be indicated if the county agency has been dismissed of responsibility for care and placement.