APPENDIX A:

CHILD/YOUTH SPECIFIC RECRUITMENT PLAN

Child's name: Click here to enter text.	Alias for child's profile (*first name only*):	Child's date of birth: Click here to enter text.
Current case plan goal: Click here to enter text.	Date of this recruitment plan: Click here to enter text.	
Recruitment plan prepared by:	Date of TPR Order: Click here to enter text.	

RECRUITMENT PLAN

Please check YES or NO for each of the following items indicating which you plan to use.

☐ Yes ☐ No	Anonymous Profile. The profile will include the child's age and gender, general information about the child and type of family needed. It may include the child's real first name unless it's unique and identifiable. It will not include any photos or video. ***Note: this is the only option for children not yet freed for adoption.***
☐ Yes ☐ No	Photo Profile. A profile with a photograph that clearly identifies the child.
☐ Yes ☐ No	Posting the child's profile on the DCF website.
☐ Yes ☐ No	Using the child's real first name on the DCF website.
☐ Yes ☐ No	Posting an audio clip of the child on the DCF website.
☐ Yes ☐ No	Posting an audio clip of an adult talking about the child on the DCF website.
☐ Yes☐ No	Posting the child's artwork or personal writings, with the child's permission.
☐ Yes ☐ No	Posting a video clip that clearly identifies the child on the DCF website.
☐ Yes ☐ No	Photolisting the child on the AdoptUSKids website and other adoption photolisting sites.
☐ Yes ☐ No	Having the youth's picture featured on the Vermont Heart Gallery.

AGREEMENT WITH THE RECRUITMENT PLAN

CHILD'S FAMILY SERVICES WORKER

I, ______________________________________, the child's Family Services worker, agree with the above

recruitment plan. ____

____
Signature Date

CHILD'S LAWYER

I, ______________________________________, the child's lawyer, agree with the above recruitment

plan for this child. ____

____
Signature Date

CHILD'S GUARDIAN AD LITEM

I, ______________________________________, the child's Guardian ad Litem, agree with the above recruitment plan. ____

____
Signature Date

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DCF APPROVAL AND AUTHORIZATION FOR RELEASE OF INFORMATION:

I,____________________________, System of Care Unit Director, as the FSD Deputy Commissioner's designee and legal guardian of the following child, Click here to enter text., hereby agree with the recruitment plan described above and authorize its implementation and related release of information.

***Lund Workers:** Before starting a profile, please send completed forms to: Director of Adoption at Lund, PO Box 4009 Burlington, Vermont 05406.*

VERMONT
DEPARTMENT FOR CHILDREN & FAMILIES
FAMILY SERVICES DIVISION