

Ohio Department of Job and Family Services
DOCUMENTATION OF THE PLACEMENT DECISION-MAKING PROCESS

The JFS 01689 is to be completed at each Matching Conference. One JFS 01689 is to be completed for each child or sibling group who are being considered to be matched for placement in the same adoptive family. Attach additional sheets and/or documents if necessary.

Child(ren) Names to be Considered for Matching
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Date of matching conference

List all families who were identified as a potential match with the child through the automated match system or who expressed an interest in being considered for the child through any recruitment event, other recruitment materials or by telephone; however, they are not being presented at the matching conference.

Family Name	Reason Family is not Being Presented at Matching Conference	Family Serving Agency

Were families identified and considered as an adoptive placement for this child at the matching conference? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, explain why.

Were there legitimate factors, such as a family's personal circumstances that resulted in the consideration of one or more families being postponed or withdrawn from consideration? <input type="checkbox"/> No <input type="checkbox"/> Yes

Name of Family	Withdrawn or Postponed	Reason

Match Chart and Placement Decision

Instructions for completing the remaining portion of this form:

For families, discussed in the matching conference, consider the specified factors reflected in the first row of each of the columns. The names of families presented in the Matching Conference should be listed in the rows of the first column on the left. Note, some factors may not apply. In those cases, check the "N/A -not a child need" box. For each column identify the response that most accurately describes the family's ability to meet the child's need. The impact on the child can be positive (+), negative (-) or neutral (0). Use the following guidelines to determine the rating for the family's ability to meet a specific characteristic.

- NOT ABLE TO MEET: No experience or insight with the child's specific need
 Unmotivated to learn or be trained about the child's need
 Family's lifestyle is incompatible with meeting the child's need
 Family denies the importance or relevance of the child's need
 No support or resources exist in the environment to assist the caregiver or child.

O PARTIALLY ABLE TO MEET NEED Some experience with the child's need in the family's background
 ambivalent about attending training
 Family's lifestyle requires significant alteration
 Limited understanding of the child's need
 Some support or resources in the environment to assist the caregiver and child.

+ MEETS NEED VERY WELL: Extensive experience with the child's need in the family's background
 Understands and/or seeks out the need for training and education
 Family's lifestyle will accommodate the child currently or with some modifications
 Family readily recognizes the child's need or issue as important
 Specialized support and resources exist in the environment to assist the caregiver and child.

(It is possible for one component to override all other components. For example, a family who otherwise seems ideal for a child, may be ruled out on one (-) should that issue pose a significant threat to the child=s safety, health, permanency or well-being).

A. Safety Needs	Meets child's health needs	Meets child's physical needs	No child specific health hazards in home <input type="checkbox"/> N/A	Adequate supervision to meet child's needs	Other <input type="checkbox"/> N/A
Families' Names					

B. Permanency Needs	Family dually licensed/approved <input type="checkbox"/> N/A	Open to contact with significant persons <input type="checkbox"/> N/A	Willing to adopt available siblings <input type="checkbox"/> N/A	Willing to adopt siblings who become available in the future <input type="checkbox"/> N/A	Wants to be contacted if siblings enter PC of agency <input type="checkbox"/> N/A	Has positive relationship with birth family <input type="checkbox"/> N/A
Families' Names						

C. Stability & Continuity	Child has positive relationship with his current family <input type="checkbox"/> N/A	Child will remain in current environment <input type="checkbox"/> N/A	Child will remain in current school <input type="checkbox"/> N/A	Child will remain in current activities <input type="checkbox"/> N/A	Child will remain in current faith community <input type="checkbox"/> N/A	Other <input type="checkbox"/> N/A
Families' Names						

D. Adoptive/Foster Family Constellation	Child needs to be placed with siblings <input type="checkbox"/> N/A	Child needs to be oldest, youngest or only child in home <input type="checkbox"/> N/A	Child needs additional support during the day time <input type="checkbox"/> N/A	Other <input type="checkbox"/> N/A
Families' Names				

E. Physical Environment	Child needs separate bedroom <input type="checkbox"/> N/A	Child needs specially adapted home <input type="checkbox"/> N/A	Other <input type="checkbox"/> N/A
Families' Names			

F. Child's Therapeutic Needs	Child needs mental health therapy <input type="checkbox"/> N/A	Able to participate in child's treatment plan <input type="checkbox"/> N/A	Understands child's special education issues <input type="checkbox"/> N/A	Willing to accept child's limited life expectancy <input type="checkbox"/> N/A	Able to cope with frequent clinic visits/hospitalizations <input type="checkbox"/> N/A
Families' Names					

G. Communication	Has experience parenting child with barriers to communication <input type="checkbox"/> N/A	Other <input type="checkbox"/> N/A
Families' Names		

H. Experience	Has knowledge of community resources child will require	Has experience working with other birth parents <input type="checkbox"/> N/A	Has cared for other kinship/foster/adoptive child <input type="checkbox"/> N/A	Has parented other child who was sexually abused <input type="checkbox"/> N/A	Has parented other child who is a sexual perpetrator <input type="checkbox"/> N/A
Families' Names					

H. Experience (Cont)	Has parented other child with similar mental health diagnosis <input type="checkbox"/> N/A	Has history of honoring commitments	Other <input type="checkbox"/> N/A
Families' Names			

I. Family Preferences, Expectations & Lifestyle Issues (CONT)	Family meets readiness factor	Preferred child characteristics match the child's needs	Other <input type="checkbox"/> N/A
Families' Names			

J. Parenting Styles	Level of activity meets child's need <input type="checkbox"/> N/A	Child needs highly/less structured environment <input type="checkbox"/> N/A	Child needs a strong paternal/maternal figure/equal parenting <input type="checkbox"/> N/A	Child needs family with special parenting skills <input type="checkbox"/> N/A	Has personality traits that compliment child's personality <input type="checkbox"/> N/A
Families' Names					

K. Support System	Extended family has positive attitude about adoption	Has connectedness to the community <input type="checkbox"/> N/A	Other <input type="checkbox"/> N/A
Families' Names			

Comments regarding Matching Ratings

Record any additional considerations/components that were central to the placement option selected

This staffing decision is based on discussions regarding this child(ren)'s needs and review of the available placement resources. The family(s) that appears best able to meet this child's needs are

1st choice

List reasons why family was selected as first choice.

2nd choice

List reasons why family was selected as second choice.

3rd choice

List reasons why family was selected as third choice

4th choice

List reasons why family was selected as fourth choice.

List all families who were presented but not matched and the reason why the family was not matched

Family Name	Reason Family was not Matched	Family Serving Agency

Summarize any other outcomes or provide additional comments.

**Matching Conference
Signature Page**

Child's Name	Date
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Name of Individual Who Was Invited	Agency/Organization and Role	Signature (of those attending)