**PERMANENCY TIMELINE**

**Name of Child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB/Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Permanency Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate/Concurrent Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project date to achieve permanency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEDERAL MEASURES/GOALS:**

**Reunification <12 months from OPD**

**Guardianship < 18 months from OPD**

**Adoption< 24 months from OPD**

**THIS CASE IS HERE: (Mark where the case is on the timeline)**

**Permanency Planning Hearing (24 months)**

**Dep. Review**

**(18 months)**

**Permanency Planning Hearing (12 Months)**

**Dep. Review**

**(6 months)**

**OPD:**

**Age of child at OPD:**