

# My Foster Care Plan

*Foster youth's input into their foster care plan.*

My name is \_\_\_\_\_ and I would like to have a say about what happens to me while I am in foster care. I am \_\_\_\_\_ years old.

Please take my opinions into account when you are creating a care plan for me. If you are not able to meet any of my wishes listed below, please inform me and explain why as soon as possible.

## The best plan for me:

I believe the following plan(s) would be in my best interest:

- Adoption by my current foster family
- Reunification with my mom or dad
- Adoption by another family
- Permanent foster care
- Emancipation
- Unsure

This is why

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When I would like this plan to happen:  Now  Sooner the better  Unsure

## Siblings:

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

- It is very important to me that I be put in the same home that they are.
- It is not very important to me that I am in the same home as them.

## Visitations with family (check all that apply):

I would like to have visits with (names):	Overnights	Weekly	Monthly	Yearly
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Problems at my bio family's home:

You should know the following : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Problems at my foster home:

You should know the following : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Problems with the agency or my caseworker:

You should know the following : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signature

I promise that the information I have provided on this form is true to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you have a problem figuring out how to deliver this form to the right person, talk to your foster parent, guardian, caseworker, teacher or a counselor and ask them to help you. Remember to keep a copy of this form for your own records.

**for your  
information**

## Attention Adults:

**A foster youth, whose life may be greatly impacted by your decisions, wishes his/her voice to be heard. By submitting opinions on this form, this youth has expressed a desire to be involved in his/her own foster care plan. Please give this input the time and attention it deserves.**

**For more information about FYI3 forms or to download additional forms, visit [www.fyi3.com](http://www.fyi3.com) a non-profit website for foster youth who want to be informed, involved and independent.**

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