

INSTRUCTIONS

Indiana Relative/Kinship/Foster Placement Reporting Form

As a relative/kinship/foster placement, you have a right to be present and to be heard at all hearings. You are encouraged to attend but are not *required* to attend any hearing. If you choose to attend a hearing, you may provide information verbally and/or submit written information to the Court. If you attend a hearing, you may be called by any party to testify about the information you provide.

You may choose to provide written information to the Court even if you do not attend the hearing.

If you choose to provide written information to the Court, you may use the Indiana Relative/Kinship/Foster Placement Reporting Form. The form is not *required*. You may submit a written statement to the Court in any other form or format. All parties to the case will have access to any verbal and/or written information you provide to the Court.

All verbal and/or written information regarding the child is confidential and may not be released to unauthorized persons.

If you choose to submit written information to the Court using the Indiana Relative/Kinship/Foster Placement Reporting Form, please read all instructions thoroughly as failure to follow these instructions may delay distribution of information to the Court.

- ☐ Please complete a separate form for each child placed in your care.
- ☐ Please complete the form in its entirety.
- ☐ You must include the Cause Number. If you do not have the Cause Number, please contact the DCS Family Case Manager or refer to other Court documents in the case. An example Cause Number is XXXXX-XXXX-JC-XXXXXX.
- ☐ Please sign and date the form.
- ☐ Please file the form with the Clerk of the Court at least forty-eight (48) hours prior to the hearing or as otherwise ordered by the Court. (See the following link for local Court information: <https://www.in.gov/courts/directory/>). The Clerk of the Court will distribute the form to all parties in the case.

The Indiana Relative/Kinship/Foster Placement Reporting Form is available online at www.in.gov/dcs/ and www.indianafostercare.org.

Indiana Relative/Kinship/Foster Placement Reporting Form

NAME OF CHILD: _____

CAUSE NUMBER: _____

DATE OF PLACEMENT: _____

DATE OF HEARING: _____

NUMBER OF MONTHS CHILD HAS BEEN IN PLACEMENT: _____

GENERAL WELL-BEING:

Circle One

Were you supplied with sufficient information on the child at the time of placement?	Yes or No
Has the child appropriately adjusted to placement in your home?	Yes or No
Are there any current problems affecting the child's care?	Yes or No
Do you need any assistance to meet the child's needs? (Example: Individual Child Placement Referral, Medicaid Card, etc.) If yes, please comment below.	Yes or No
If you already requested assistance, has it been received since the last hearing? If not, please comment below.	Yes or No
COMMENTS:	

PHYSICAL WELL-BEING:

Does the child have any medical diagnosis or condition? If so, please comment below.	Yes or No
Is the child prescribed medication for physical well-being? If so, please comment below.	Yes or No
Has the child received an annual physical? If so, when?	Yes or No
Has the child received an annual dental exam? If so, when?	Yes or No
Has the child received an annual eye exam? If so, when?	Yes or No
Has the child been ill since the last hearing? If so, please comment below.	Yes or No
Does the child currently need any medical care? If yes, please comment below.	Yes or No
If you already requested medical care, has it been received since the last hearing? If not, please comment below.	Yes or No
COMMENTS:	

MENTAL/EMOTIONAL WELL-BEING:

Does the child have a mental health diagnosis or condition? If so, please comment below.	Yes or No
Did the child have a counselor/therapist at the time of placement? If yes, who?	Yes or No
Does the child have a current counselor/therapist? If yes, who?	Yes or No
Has counseling/therapy helped the child? Please comment below.	Yes or No
Is the child prescribed medication for mental/emotional well-being? If so, please comment below.	Yes or No
Does any parent or other person attend counseling/therapy with the child? If yes, please comment below.	Yes or No
Do you think the child needs a counselor/therapist? Please comment below.	Yes or No
If you already requested counseling/therapy, has it been received since the last hearing? If not, please comment below.	Yes or No
COMMENTS:	

EDUCATION/DEVELOPMENT:

Does the child attend school? If so, what grade?	Yes or No
Does the child attend daycare, before/after school care, or an early childhood educational setting (such as Early Head Start or Head Start)?	Yes or No
Has the child been evaluated for any learning or developmental delays? If yes, please comment below.	Yes or No
Does the child have an Individual Education Plan (IEP) or 504 Plan?	Yes or No
Does the child have behavioral problems in the school, daycare, or early childhood educational setting? If yes, please comment below.	Yes or No
Does the child have academic problems in the school or early childhood educational setting? If so, please comment below.	Yes or No
Has the child developed a positive relationship with teachers? If no, please comment below.	Yes or No
Has the child developed a positive relationship with peers? If no, please comment below.	Yes or No
Does the child participate in extra-curricular activities? If yes, please comment below.	Yes or No
Have you had any contact with the DCS Educational Liaison for the County/Region?	Yes or No
Does the child have any current educational or developmental needs? If yes, please comment below.	Yes or No
If you already requested educational or developmental assistance, has it been received since the last hearing? If not, please comment below.	Yes or No
COMMENTS:	

PARENT & FAMILY CONTACT:

Does the child have in-person visits with his/her Mother? If no, when was the last visit?	Yes or No
Does the child have in-person visits with his/her Alleged/Father? If no, when was the last visit?	Yes or No
Does the child have any contact with any other family member? If yes, please comment below.	Yes or No
Does the child have video or telephone contact with his/her Mother?	Yes or No
Does the child have video or telephone contact with his/her Alleged/Father?	Yes or No
Do you supervise any contact (in-person, video, telephone) between the child and a parent? If yes, please comment below.	Yes or No
Do you transport the child to visits with any person? If yes, please comment below.	Yes or No
Do you have any contact with a parent during transport or exchange of the child? If yes, please comment below.	Yes or No
Have you noted any behavioral changes in the child prior to any visits? If yes, please comment below.	Yes or No
Have you noted any behavioral changes in the child following any visits? If yes, please comment below.	Yes or No
Do you think contact between the child and the parents or any other person should change in any way? If yes, please comment below.	Yes or No
If you already requested a change in contact between the child and the parents or any other person, has it happened since the last hearing? If not, please comment below.	Yes or No
COMMENTS:	

CASA/GAL & DCS CONTACT:

Does the child have a CASA or GAL assigned to the case? If yes, what is his/her name?	Yes or No
Has the CASA or GAL had any contact with the child since the last hearing? If yes, when and where?	Yes or No
Does the CASA or GAL respond to you within a reasonable time? If no, please comment below.	Yes or No
Has the assigned DCS Family Case Manager changed since the last hearing?	Yes or No
Has a DCS Family Case Manager had any contact with the child since the last hearing? If yes, who and when?	Yes or No
Does the assigned Family Case Manager respond to your questions within 24-48 hours? If no, please comment below.	Yes or No
Has a parent invited you to a Child and Family Team Meeting (CFTM)? If yes, when?	Yes or No
Have you been invited to a case conference? If yes, when?	Yes or No
Have you received a copy of DCS progress and/or permanency reports? If yes, when?	Yes or No
Do you need anything from the CASA/GAL or DCS to assist with the child's care? If yes, please comment below.	Yes or No
If you already requested assistance from the CASA/GAL or DCS, has it been provided since the last hearing? If no, please comment below.	Yes or No
COMMENTS:	

COURT HEARINGS:

Are you notified of court dates?	Yes or No
Did you attend the last court hearing?	Yes or No
If you attended the last court hearing, did you testify or present any other evidence?	Yes or No
If you attended the last court hearing, did you cross-examine any witnesses?	Yes or No
If you attended the last court hearing, did the Judge or Magistrate ask for your comments?	Yes or No
Did you submit a written report for the last court hearing?	Yes or No
If you submitted a written report for the last court hearing, did you give a copy to any or all parties? If so, who?	Yes or No
If you submitted a written report and attended the last court hearing, did the Judge or Magistrate confirm receipt of your written report?	Yes or No
Are you kept informed of Court orders?	Yes or No
Is there anything you think the Court should know about the child? If yes, please comment below.	Yes or No
COMMENTS:	

Additional comments can be attached on a separate page if necessary.

Are you willing to continue placement of the child? Yes or No

I (WE) affirm, under penalties of perjury, that the foregoing representations are true.

Name: _____

Signature: _____ **Date:** _____

Name: _____

Signature: _____ **Date:** _____