

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:

Check One

Were you supplied with sufficient information on the child at the time of placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child appropriately adjusted to placement in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current problems affecting the child's care?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you already requested assistance, has it been received since the last hearing? If not, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

More information on Attachment

PHYSICAL WELL-BEING:

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

COMMENTS:

More information on Attachment

MENTAL/EMOTIONAL WELL-BEING:

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

COMMENTS:

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EDUCATION/DEVELOPMENT:

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

COMMENTS:

More information on Attachment

PARENT & FAMILY CONTACT:

Does the child have in-person visits with his/her Mother? If no, when was the last visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have in-person visits with his/her Alleged/Father? If no, when was the last visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any contact with any other family member? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have video or telephone contact with his/her Mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have video or telephone contact with his/her Alleged/Father?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you supervise any contact (in-person, video, telephone) between the child and a parent? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you transport the child to visits with any person? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contact with a parent during transport or exchange of the child? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noted any behavioral changes in the child prior to any visits? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noted any behavioral changes in the child following any visits? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

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CASA/GAL & DCS CONTACT:

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

COMMENTS:

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COURT HEARINGS:

Are you notified of court dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend the last court hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you attended the last court hearing, did you testify or present any other evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you attended the last court hearing, did you cross-examine any witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you attended the last court hearing, did the Judge or Magistrate ask for your comments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you submit a written report for the last court hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you submitted a written report and attended the last court hearing, did the Judge or Magistrate confirm receipt of your written report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you kept informed of Court orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything you think the Court should know about the child? If yes, please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

More information on Attachment

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

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

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

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ATTACHMENT

GENERAL WELL-BEING CONTINUED:

PHYSICAL WELL-BEING CONTINUED:

MENTAL/EMOTIONAL WELL-BEING CONTINUED:

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ATTACHMENT

EDUCATION/DEVELOPMENT CONTINUED:

PARENT & FAMILY CONTACT CONTINUED:

CASA/GAL & DCS CONTACT CONTINUED:

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COURT HEARINGS CONTINUED:

ANY OTHER INFORMATION THE COURT SHOULD KNOW: