

CAREGIVER INFORMATION FORM

Child's Name: _____

Name of Caregiver: _____

Type of Caregiver:

- Foster Parent
- Kinship Caregiver
- Preadoptive Parent
- Other (Please specify): _____

Date of Child's Placement with you: _____

Juvenile Court Number: _____

Date of this Report: _____

Under Ohio law, foster and kinship caregivers have the right to attend and be heard in court proceedings related to the children in their care. This form is intended to help you provide information to the court at the next hearing related to the child or children in your care. Please answer questions below that are relevant to their current status and needs. You can also complete this form online at _____.

You do not need to answer all questions. Use of this form is voluntary.

1. Have you received a copy of the most recent case plan? (circle one) Yes No

2. Is there anything you would suggest be added to the case plan?

3. Please describe any behavioral, emotional, or mental health concerns with the child or youth, if any exist (for example, any changes in eating or sleeping patterns, acting out or aggressive behaviors, withdrawal, etc.). Are any such concerns being addressed with

services?

4. Please identify any needs this child/youth has that are not currently being addressed with services.

5. Please describe the child/youth's educational progress and identify any concerns (for example, peer or teacher issues, bullying, academic progress or lack of progress, special education needs).

6. In relation to a youth in your care, what, if any, independent living services have been provided? Are there such services you would recommend?

7. Please describe your observations of the child/youth's interactions with other children or youth and adults.

8. Has this child received any medical or dental treatment since the last hearing? Please describe.

9. Please note your observations related to child/youth's contacts and visits with his or her birth parents.

10. Does the child/youth have opportunities to socialize or participate in recreational activities with his or her peers? If so, please describe. Please include any challenges to participation in such opportunities.

11. Are there any additional services or supports needed for the child/youth or for you that were not previously mentioned?

12. Have you been made aware of the most recent report(s) and/or recommendations in this case made by persons other than the GAL or Court Appointed Special Advocate? If so, do you agree with the report(s) and/or recommendations? If you do not agree with the report or recommendations, please explain. Are there any additional recommendations you would make?

13. Has a guardian ad litem or Court Appointed Special Advocate been appointed for the child/youth? If so, what was the date and location of the last contact?

14. Have you been made aware of the most recent report and/or recommendations by the guardian ad litem or Court Appointed Special Advocate in this case? If so, do you agree with the recommendations? If you do not agree with the recommendations, what recommendations would you make? Are there any additional recommendations you would make?

15. If the child/youth is in the permanent custody of the PCSA, please describe any efforts of which you are aware to locate a permanent adoptive family or kinship placement.

16. General progress, comments, or recommendations regarding the child/youth:

I would like the PCSA worker to:

- Call me

Visit

Caregiver Signature

Date