

CAREGIVER COURT INFORMATION FORM

Child(ren):	Legal Case Number(s) (if known):
D.O.B.	Hearing Date:

To the Foster Parent or Relative/Kinship Caregiver of the child(ren): You have the right to be present at the hearings and you are encouraged to attend. You also have a right to be heard at the review and permanency hearings. You may appear and provide information verbally. You may also submit written information to the court. Any information you provide may or may not be admitted into evidence. If the information is not admitted, the Judge will not see it. All parties to the case will have access to the information you provide. You may be called to testify. Provide only factual information of which you have *first-hand* knowledge. **YOU DO NOT HAVE TO COMPLETE EVERY ITEM ON THE FORM.** You are not required to provide written information to the Court. If you do decide to complete the form, please type or print clearly in ink and submit the form two weeks in advance of the hearing to the Juvenile Office where the hearing will take place. Social Security Act section 438(b)(1), 475(5)(G), 42 U.S.C. 629g(B)(1), 675(5)(G), 211.171 RSMo, 211.464 RSMo, 210.566 RSMo.

1. Child(ren)

a. Name(s)/Age(s):

2. Name of Caregiver(s):

a. Type of Caregiver:

i. Foster Parent

ii. Relative/Kinship

iii. Other: _____

3. The child(ren) have been living in my home for _____ years, _____ months.

Current Picture of child(ren) if available

4. List Child(ren)'s Medical or Dental Appointments which are significant:

Date	Type of Appt	Medical Provider	Diagnosis	Medications	Required Follow-up (yes or no)
Example: 12/5/07	Example: Medical – Ear	Example: Dr. Jones	Example: Ear infection	Example: Amoxicillin	Example: Yes-may need tubes

5. List Child(ren)'s Mental Health Appointments which are significant:

Date	Type of Appt	Medical Provider	Diagnosis	Medications	Required Follow-up (yes or no)

6. Child(ren)'s Significant Behavior(s):

Date/Time/Child	Description of behavior(s)

7. Current status of the Child(ren)'s Education:

Child/Grade/Name of School:

The child: (circle one)

- a. Has changed schools since the last hearing**
- b. Has changed schools _____ times**
- c. Has not changed schools since the last hearing**

Child/Grade/Name of School:

The child: (circle one)

- a. Has changed schools since the last hearing**
- b. Has changed schools _____ times**
- c. Has not changed schools since the last hearing**

Child/Grade/Name of School:

The child: (circle one)

- a. Has changed schools since the last hearing**
- b. Has changed schools _____ times**
- c. Has not changed schools since the last hearing**

7.a. Tutoring/Special Services not covered by an IEP and/or Educational Achievements:

Date/Child	Tutoring/Special Service	Special Recognition
<i>Example: 10/13/07</i>		<i>Example: David was selected for a Spelling Bee</i>
Date/Child	Tutoring/Special Service	Special Recognition
<i>Example: 10/13/07</i>		<i>Example: David was selected for a Spelling Bee</i>
Date/Child	Tutoring/Special Service	Special Recognition
<i>Example: 10/13/07</i>		<i>Example: David was selected for a Spelling Bee</i>

8. Older Youth Issues (for children 14 and older)

The Ansell-Casey Life Skills Assessment/Child: (circle one)

- a. Has been completed in the past year.
- b. Has not been completed.

The child is in need of the following life skills:

The Ansell-Casey Life Skills Assessment/Child: (circle one)

- a. Has been completed in the past year.
- b. Has not been completed.

The child is in need of the following life skills:

The Ansell-Casey Life Skills Assessment/Child: (circle one)

- a. Has been completed in the past year.**
- b. Has not been completed.**

The child is in need of the following life skills:

8.a. Educational/Vocational/Post-Secondary Interest:

Child:

Child:

Child:

9. Child(ren)'s extra-curricular activities/special interests (i.e. Athletic, Fine Arts, Other):

Child:

Child:

Child:

10. List child's strength/talents (not previously identified):

Child:

Child:

Child:

11. List any services the child needs which they are not receiving:

Child:

Child:

Child:

NOTE: List the following visits for which you have personal knowledge of:

12. The Caseworker has visited the child(ren):

Month	Date	Place (face to face)	Phone Contact
<i>Example: November 2007</i>	<i>Example: 11/3; 11/17; 11/22</i>	<i>Example: Foster Home and McDonalds</i>	<i>Example: 11/16</i>

13. The Caseworker has visited with the Foster Parent:

Month	Date	Place (face to face)	Phone Contact
<i>Example: November 2007</i>	<i>Example: 11/3; 11/22</i>	<i>Example: Foster Home</i>	<i>Example: 11/18 – called to discuss incident described on Pg. 2</i>

14. Guardian ad Litem (GAL) has visited the child(ren):

Month	Date	Place (face to face)	Phone Contact
<i>Example: November 2007</i>	<i>Example: 11/3; 11/17; 11/22</i>	<i>Example: Foster Home and McDonalds</i>	<i>Example: 11/16</i>

15. The Court Appointed Special Advocate (CASA) volunteer has visited the child(ren):

Month	Date	Place (face to face)	Phone Contact
<i>Example: November 2007</i>	<i>Example: 11/3; 11/17; 11/22</i>	<i>Example: Foster Home and McDonalds</i>	<i>Example: 11/16</i>

16. Visitation which the caregiver is supervising:

Month	Date	Individual(s) the child(ren) is visiting:
<i>Example: November 2007</i>	<i>Example: 11/3; 11/17; 11/22</i>	<i>Example: Shirley Davis, Mother</i>

17. Family Support Team Meetings:

Date	Indicate yes or no if you attended	Date	Indicate yes or not if you attended
<i>Example: 11/7/07</i>	<i>Example: No had to work</i>		

Date: _____

(Type or print name)

(Signature of Caregiver Completing Form)