

FOSTER PARENT – INITIAL CONTACT

Child's Name _____	Child's DOB: _____
Child's Name _____	Child's DOB: _____
Child's Name _____	Child's DOB: _____
Child's Name _____	Child's DOB: _____

Child's DHS Worker _____
Foster Care Worker _____

Judge: _____ Case No. _____

Date of Placement: _____
Preferred Names: _____

1. Name, Address, Phone Number, E-mail Address:

2. Names and Contact Information for alternate caregivers:

3. Names, Relationship to the child (or you), and Contact Information of other adults in the home:

4. Names, Ages, and Relationship to the child (or you) of other children in the home.

5. Condition of the children when they were placed in your home:

6. Emotional, physical and social changes since placement (e.g., adjustment in home; interaction with foster parent(s); interaction with others; behaviors in school; progress in counseling):

7. Overall health of child since placement (e.g., chronic medical conditions; recent changes; doctor/dentist/specialist visits; purpose of visits; result of visits; recommendations by physicians; prescribed psychotropic medications):

8. If school age, status of child's education (e.g., grades; attendance; behaviors):

9. If the child is in special education, the last IEP meeting was held _____ and discussed:

10. If the child has siblings placed elsewhere, are there visits? Who supervises the visits? What is the child's response to the visits?

11. Child's special interests and activities:

12. If you had the opportunity to observe family visitation, please note your observations relative to your foster child's interaction with his/her birth family:

a. How does your foster child react before and after visits with his/her birth family?

b. What is the frequency of visits and with whom?

c. Visits supervised or unsupervised?

d. Any significant events that have occurred?

13. What concerns do you have for this child? Have you had the opportunity to attend a Family Group Conference or Court Staffing to raise these concerns?

14. If reunification does not happen for this child, are you interested in making a permanent commitment to the child through adoption or guardianship?

15. Your opinion regarding the overall adjustment, progress and condition of the child:

16. Any special concerns or comments with regard to the child not addressed by this form? Please specify: