

CAREGIVER INPUT FORM FOR JUDICIAL REVIEW/PERMANENCY HEARING

CAREGIVER(S) NAME(S): _____

RELATIONSHIP TO THE CHILD(REN): _____

CHILD'S NAME/AGE/GRADE: _____ CHILD'S NAME/AGE/GRADE: _____

CHILD'S NAME/AGE/GRADE: _____ CHILD'S NAME/AGE/GRADE: _____

CHILD'S NAME/AGE/GRADE: _____ CHILD'S NAME/AGE/GRADE: _____

Dear Caregiver(s):

You are being asked for your input for an upcoming Judicial Review/Permanency Hearing that is being held for a child(ren) placed in your home. Your input is critical to assist the Department and the Court in making informed decisions regarding the child(ren)'s best interest. This form will be filed with the Court.

Permanency of the Child(ren)

1. How long has the child(ren) been in your care?
2. If reunification is unable to be achieved, do you wish to care for the child(ren) permanently?
3. If not, are you aware of any other relatives or non-relatives the Department should be exploring? (If so—please provide their names and contact information if you have it)
4. Permanency Staffings are usually held at the 5 and 9 month mark, are you attending permanency staffings? If not—would you like to be invited to attend?

Needs of the Child(ren)

5. Since the child(ren) has been in your care, have the parent(s) provided for the child(ren)'s food, clothing, medical care or any other material needs?
 - a. If so, what has the parent(s) provided?
 - b. As the caregiver(s), are you providing to the case manager and/or the parent(s) date/times for school activities and/or medical appointments?
6. Since the child(ren) has been in your care, have the parent(s) demonstrated the ability to care for the child(ren) such that they would not be endangered if reunified with the parent(s)?
 - a. If so, how?
 - b. If not, why not?

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7. What is the child(ren)'s mental, physical and educational needs?
 - a. How are these needs being addressed? Please be specific with service providers, frequency of appointments, etc.

Child(ren)'s Relationships

8. Do you supervise the parent(s) visitations?
 - a. If so, please describe the frequency and quality of the visits. How are they going?
 - b. If so, also please describe the love, affection and other emotional ties existing between the child(ren) and the parent(s)?
 - c. If not, why not?
9. Do you supervise sibling visitations?
 - a. If so, please describe the frequency and quality of the visits. How are they going?
 - b. If so, also please describe the love, affection and other emotional ties existing between the child(ren) and sibling(s)?
 - c. If not, why not?
10. Please described the child(ren)'s relationship with you and the other household members?
11. Please described the child(ren)'s relationship with any other family member, friend, teacher, etc. that the child(ren) has a relationship with that may be relevant for the Court or Care Manager to know about?

Other

12. Has the child(ren) been invited to provide input to the Court or have a desire to come to Court?
 - a. If so, what is the child(ren)'s wishes?
 - b. If not, why not?
13. Does the child(ren) have an Attorney ad Litem?
 - a. If so, has the child(ren) been able to speak with them regarding the case?
14. Is there anything else the Court should know regarding the child(ren) in your care?
15. Is there anything the child(ren) need at this time that is not being provided?

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Please sign and return this form to your Family Allies Dependency Care Manager. If further space is needed, please attach additional pages.

Caregiver(s) Signature: _____

Date Signed: _____