

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
JUVENILE DIVISION

JUDGE TERRE L. VANDERVOORT

CAREGIVER INFORMATION FORM

CHILD'S NAME:	
CASE NO.:	DOB:
NAME OF CAREGIVER:	
TYPE OF CAREGIVER: <input type="checkbox"/> Foster Parent <input type="checkbox"/> Kinship Caregiver <input type="checkbox"/> Other (Please Specify):	
DATE OF CHILD'S PLACMENT 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 in your care. Please answer questions below that are relevant to the child's current status and needs. You can also obtain a fillable form online at www.fairfieldcountyprobate.com. Once you have completed the online form, please print and bring or mail to the court.

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?

- Yes
 No

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

- Yes: _____
 No

3. Please describe any behavioral, emotional, or mental health concerns with the child, 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?

- Behavioral concerns: _____

Services to Address: _____

Emotional concerns: _____

Services to Address: _____

Mental Health concerns: _____

Services to Address: _____

Other concerns: _____

Services to Address: _____

4. Are there any needs of this child that are not currently being addressed with services?

Yes: _____

No

5. Educational progress of the child:

Academic progress _____

Attendance progress _____

Educational barriers of the child:

bullying

special education needs

peer or teacher issues

behavioral issues

6. Are independent living skills being provided?

Yes

No

Recommendations: _____

7. Observations of the child's interactions with other children:

Gets along well

Challenges: _____

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

Yes: _____

No

9. Observations related to child's contacts and visits with his or her birth parents:

I have not observed the child with his/her parents

I have observed the child with his/her parents

Observations: _____

10. Recreational activities with peers:

- Yes; Activities: _____
- No; Reason no activities: _____
- Challenges/Recommendations: _____

11. Additional services or supports needed for the child or for you:

- Yes: _____
- No

12. Guardian ad litem (GAL) appointed:

- Yes. What contact has occurred: _____
- No.
- I do not know.

13. Know Guardian ad Litem (GAL) recommendations:

- Yes
- No
- Additional Recommendations: _____

14. Recommendations in this case made by persons other than the GAL:

- Yes
- No
- Additional Recommendations: _____

15. Permanent Custody Youth Only: Efforts to locate a permanent adoptive family or kinship placement:

- Yes; Efforts: _____
- No

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

CAREGIVER SIGNATURE

DATE

CAREGIVER SIGNATURE

DATE