Case Manager Questionnaire

Name of Child(ren): _____ Board #: ___ Return by: ___/___/___

When did your agency first have contact with the child(ren)?	
What was reason the child(ren) entered care?	
Is the child(ren) IV-E eligible? ___Yes ___No	

Case Plan and Services

What is the permanency objective for the child(ren)?	___reunification ___long-term foster care ___guardianship ___adoption ___independent living ___self-sufficiency ___in transition ___no plan
Date of the most recent Case plan and Court report: __/__/__ Expected Achievement Date: __/__/__ Date of Adjudication: __/__/__ Date of Disposition: __/__/__ Next Review Hearing: __/__/__	
Were the parents involved in developing the plan?	___yes ___no ___refused
What problems if any, are keeping this plan from succeeding?	___lack of parental compliance ___services not available in the area ___lack of funding for services ___legal delays in filing for permanency ___child's behaviors/needs ___parental mental limitations/deficiency ___on waiting list for services ___legal delays due to criminal charges

What services have the biological parents participated in or do they need to participate in?

	Not needed	Needed, not provided	Provided	Completed	Refused	On Waiting list
Alcohol/Drug Treatment						
Co-dependency Treatment						
In-home Services						
Psychological Evaluation						
Housing						
Sex Offender Treatment						
Family Counseling						
Domestic Violence Program						
Family Support Worker						
Homemaker Services						
Parenting Classes						
Transportation Services						
Support Groups						
In-patient Treatment						
Individual Counseling						
Language Translator Services						
Other:						

Visitation

Is there a written visitation plan? ___Yes ___No	Is there sibling visitation? ___Yes ___No ___Some ___N/a
How frequent are visits to occur?	
How are visits supervised?	___Supervised ___Monitored ___No Supervision *List person/agency supervising visits here: _____
Is visitation occurring with the parents? ___Both parents ___Mom only ___Dad only ___Neither	

Child Specific Concerns			
Has the child(ren) been restrained in their placement?	___Yes ___No	___Isolation ___Physically ___Chemically	Frequency:_____
Were you notified of the restraint?	___Yes ___No	If yes, by whom?	
When was the child(ren)'s first physical exam upon entering care? ___/___/___			
Please list the dates of the following exams: ___/___/___Physical ___/___/___Dental ___/___/___ Eye			

What services does the child participate in or need to participate in?						
	Not Needed	Needed, not provided	Provided	Completed	Refused	On Waiting List
Alcohol/Drug Treatment						
Individual Counseling						
Psychological Evaluation						
Sex Offender Treatment						
Community Treatment Aid						
Family Support Worker						
Support Groups						
Transportation Services						
Other:						
What medications is the child currently taking?						
Is the child authorized for daycare			___Yes ___No			
What is the date of the most recent in-person contact with the child: ___/___/___						

Barriers to the Permanency Objective	
What issues that led to out of home placement still exist?	
Have any new issues developed since the initial intervention?	___new live-in companion ___parental law violations ___new child born/due ___incarceration of parent ___frequent parental moves ___lost housing ___parental whereabouts unkn ___sexual abuse allegations have been made ___child unwilling to return home ___criminal charges filed on abuse/neglect ___Other _____
How are the new issues being addressed?	
Please include here any other information that you would like the Board to know; feel free to add extra pages if you need more room.	

Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272

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