

SHARING OF INFORMATION WITH CAREGIVERS

To be completed by caseworker and given to the caregiver

1. Name of child: _____ Birth Date: _____ Race: _____
2. Reason for placement:
3. What type of placement:
4. Reason why the child was placed into Foster Care:
5. Parent information (provide first names if possible and how they are active in the child's life:
6. Does child have brothers and sisters:
If Yes, please list their names and if they are placement:
Describe Sibling Visitation Plan:
7. Pre-placement visit plan:
8. Is this the child's first placement: Yes No
If no, how many prior placements has child had:
9. What is the current permanency goal for the child:
10. Visitation Plan for both parents (specify how often and caregivers role):
11. Caregiver was provided with a copy of the Child's Service Plan: Yes No
12. Does the child have any upcoming or immediate appointments (please include any therapy, medical, educational, or developmental appointments): Yes No
Location: _____ Date: _____
13. Is the child active in any religious program? Yes No
If yes please provide with all relevant information:
14. Detail any known health concerns for the child:
Please provide a list of medications taken by child:
Does child have any known allergies to medications, pets or other: Yes No
If yes, please provide details:
15. What grade is child in school: _____ Name of school: _____
Is an IEP in place: Yes No
Any school concerns to be noted:
16. Do children have any special behavioral problems or unusual habits (for example, bedwetting, fire setting, sexual acting out, etc.): Yes No
If yes please specify:

17. Collateral Services, Mental Health, CASA, Early Intervention, drug & alcohol, etc:

18. Other (anything that may be relevant to the specific child that is not previously covered on this form):

19. Name and contact information of GAL:

Information was sent to the GAL on: (date)

Case Manager Name & Supervisor Name:

Phone numbers & best contact hours:

After Hours on call: 312-455-5200 (for Supervisor on call)