

CAREGIVER INFORMATION FORM

Child:	Legal Case Number:
Hearing Date:	
Completed by:	Relationship:

To the Foster Parent or Relative/ Kin Caregiver of the child: [Neb. Rev. Stat. § 43-1314.02](#) (2007 Neb. L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and you can be heard at review and permanency hearings. This *optional* form may assist you in providing written information to the court. You are encouraged to provide information based only on *first-hand* knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.

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1. Child's Name: _____ Age: _____
 2. Name of Caregiver: _____ Phone: _____
Address: _____
E-mail address: _____

Type of Caregiver:

_____ Foster Parent _____ Group home/residential treatment facility
_____ Relative/Kinship _____ Other (specify):

Name of Caregiver:
Name of Child:

Case Number:

3. The child has been living in my home for ____ years and ____ months.

Current Picture of Child

4. Current status of child's medical/ dental/ general physical condition:
I have no new or additional information since the last court hearing
I have new or additional information since the last court hearing (*briefly describe*)
5. Current status of child's emotional condition:
I have no new or additional information since the last court hearing
I have new or additional information since the last court hearing (*briefly describe*)
6. Current status of child's education:
I have no new or additional information since the last court hearing
I have new or additional information since the last court hearing (*briefly describe*)

Name of Caregiver:

Case Number:

Name of Child:

7. Do you have any concern for an unmet educational need such as special education, Individual Education Plan, 504 plan, English Learning student, etc.? *(please describe)*
8. Current status of child's social skills and peer relationships:
I have no new or additional information since the last court hearing
I have new or additional information since the last court hearing *(briefly describe)*
9. Current status of child's special interests or activities:
I have no new or additional information since the last court hearing
I have new or additional information since the last court hearing *(briefly describe)*

The **Strengthening Families Advisor** is an individual identified by the youth to be designated as the youth's advisor on the application of Reasonable and Prudent Parenting Standards (RPPS). RPPS allow foster parents to use their best judgment in making day-to-day decisions about activities foster youth are involved in. This applies to activities and being able to participate in age-appropriate extracurricular, academic, enrichment, and social activities that promote a sense of "normalcy" while in foster care.

Name of Caregiver:

Case Number:

Name of Child:

10. Does the child have a Strengthening Families Act Advisor? Yes No

11. Describe your involvement with the child's family:

12. Does the child exhibit any changes before/during/after parenting time and/or sibling visits?

I have no new or additional information since the last court hearing

I have new or additional information since the last court hearing (*briefly describe*)

13. I have no concerns regarding visitation arrangements.

I have concerns regarding visitation arrangements. (*please specify*)

14. Is child receiving all necessary services? Yes No

Explain:

Name of Caregiver:

Case Number:

Name of Child:

15. Are there any additional services for **you or the child** that would be helpful?

Yes No

If yes, please describe:

The professionals on the child's team are keys to success for the child and family. The next section asks questions about who is on the child's team, their involvement, frequency and contact with you and the child.

16. The Guardian Ad Litem has acquired information about child through:

Personal visits (describe in chart below)

I have provided monthly caregiver reports

Other (specify):

17. My child has a CASA volunteer: Yes No

Please include the contacts you or the child has had with professionals on their team. This would include the case worker, a CASA, a Guardian Ad Litem (GAL) or other.

Name of Caregiver:
Name of Child:

Case Number:

Month	Professional	Child or Caregiver	By Phone, Email, Text, or Location (if meeting in person)

18. If child is not able to be reunified with his/her family, and if consideration for permanency is with us, I am/ we are:

ABLE to provide permanency for the child.

WILL CONSIDER providing permanency for the child.

UNABLE to provide permanency for the child, but desire to maintain a relationship and permanent connection with the child.

UNABLE to provide permanency for the child.

Comments below:

Please feel free to use the back for more detailed information.

Date: _____

(Type or print name)

(Signature of Caregiver)