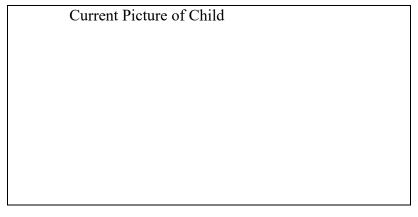
CAREGIVER INFORMATION FORM

Child:	Legal Case Number:
Hearing Date:	
Completed by:	Relationship:
43-1314.02 (2007 N Information Form to court, and you can be form may assist y encouraged to provide not have to com- ink and submit the court. You also have encouraged to attended	tor Relative/Kin Caregiver of the child: Neb. Rev. Stat. § Jeb. L.B. 457, § 1) requires courts to provide a Caregiver of foster parents. You may submit written information to the pe heard at review and permanency hearings. This <i>optional</i> rou in providing written information to the court. You are wide information based only on <i>first-hand</i> knowledge. You plete every item on the form. Please type or print clearly in form 2 weeks in advance of the hearing to the Clerk of the we the right to be present at the hearing, and you are d. All parties to the case will have access to the information ou may be required to testify about this information.
1. Child's Name:	
	ver: Phone:
Type of Careg	iver:
Foster Relativ	Parent Group home/residential treatment facility ye/Kinship Other (specify):

Name of Caregiver:	Case Number:
Name of Child:	

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



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: Name of Child:		Case Number:	
The of Child			
10. Does the child	d have a Strengthening Far	milies Act Advisor?	Yes No
11. Describe you	r involvement with the chil	ld's family:	
12. Does the child sibling visits?	d exhibit any changes befor	e/during/after parentir	ng time and/or
	w or additional information additional information sinc		_
13. I have no c	concerns regarding visitation	on arrangements.	
I have con	cerns regarding visitation a	arrangements. (please	specify)
14. Is child receiv Explain:	ving all necessary services?	Yes	No

Name of Caregiver: Name of Child:	Case Number:
15. Are there any additional se	ervices for you or the child that would be helpful?
Yes No	
If yes, please describe:	
•	s team are keys to success for the child and family. s about who is on the child's team, their ntact with you and the child.
16. The Guardian Ad Litem has	s acquired information about child through:
Personal visits (describe	e in chart below)
I have provided monthly	y caregiver reports
Other (specify):	
17. My child has a CASA volu	nteer: Yes No
•	or the child has had with professionals on their ase worker, a CASA, a Guardian Ad Litem

		1	
Month .	Professional	Child or Caregiver	By Phone, Email, Text, or Location (if meeting in perso
	ABLE to provide pe	rmanency for the child.	
	WILL CONSIDER p UNABLE to provide relationship and per	rmanency for the child. providing permanency for the clips permanency for the child, but manent connection with the child	desire to maintain a
	WILL CONSIDER p UNABLE to provide relationship and per	providing permanency for the cl	desire to maintain a
	WILL CONSIDER p UNABLE to provide relationship and perr UNABLE to provide	providing permanency for the clar e permanency for the child, but manent connection with the chi	desire to maintain a
I	WILL CONSIDER p UNABLE to provide relationship and perr UNABLE to provide Comments below:	providing permanency for the clar e permanency for the child, but manent connection with the chi	desire to maintain a ild.
	WILL CONSIDER p UNABLE to provide relationship and perr UNABLE to provide Comments below:	providing permanency for the classes permanency for the child, but manent connection with the child permanency for the child.	desire to maintain a ild.
	WILL CONSIDER p UNABLE to provide relationship and perr UNABLE to provide Comments below:	providing permanency for the classes permanency for the child, but manent connection with the child permanency for the child.	desire to maintain a ild.

Case Number:

Name of Caregiver: