

Parent Questionnaire

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

Describe why your child(ren) are in care:

Case Plan and Services

What do you understand to be permanency objective for the child(ren)?	<input type="checkbox"/> Reunification <input type="checkbox"/> Long-term foster care <input type="checkbox"/> Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Self-sufficiency <input type="checkbox"/> In transition <input type="checkbox"/> No plan <input type="checkbox"/> Independent living <input type="checkbox"/> Unclear
Please check which of the following people explained to you what you need to do.	<input type="checkbox"/> The Court <input type="checkbox"/> The Case manager <input type="checkbox"/> Your Attorney <input type="checkbox"/> Other <input type="checkbox"/> You have not been told
Were you involved in developing the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you requested or been asked to participate in services, and are they being provided?

	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:						

Are you on the waiting list for any of these services, please describe.

Please describe any problems you have had in following through with what you need to do according to the Case plan.

Please indicate here how often you visit with your case manager including the last date of contact: ___/___/___

Visitation

Please describe how often you visit with your child(ren) and how you feel the visits generally go:

Are visits supervised, monitored, or unsupervised? (Please circle which applies)
Please indicate who is supervising the visits:

Are you attending all scheduled visitation?

Yes No

Is sibling visitation occurring?

Yes No Unknown

Do you maintain phone contact with the child(ren)?

Yes No

What do you see as the thing that needs to happen to have your child(ren) return home.

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:

<p>To respond by taped questionnaire, call 1-800-577-3272</p>
