Case Summary

Advocate:	Date Appointed to Case:
Peer Coordinator:	Phone:
Senior Program Coordinator:	Phone:

Child Information:

Name	DOB & Age	Ethnicity* see below	Court Case #	Special Needs?** Yes or No	Placement Date / Type***

Family Information:

Member	DOB & Contact Information	Additional Information
Mom: Attorney:	DOB:	
Dad: Attorney:	DOB:	Legal [ ] Alleged [ ]
Dad: Attorney:	DOB:	Legal [ ] Alleged [ ]

Child's Team Members:

Relationship	Name	Contact Information
Caseworker		
Child's Attorney		
Foster Parent(s)		
Counselor/therapist		
Physician		
Other:		
Other:		

*Ethnicity: Asian, African-American, Hispanic, Native American, Native Hawaiian/Pacific Islander, White, Bi-Racial

**Special Needs, ex: mental impairment, autism, behavior disorder, physical disability, chronic medical diagnosis
*** Placement Type: Parent, Relative, Non-relative, Treatment foster home (TFH), Residential

Is this an ICWA case? ___Pending ___No ___Yes (which children?):

Judicial Review:

Type of Hearing	Date	Outcome / Orders
Petition Filed		
Original/Shelter		
Fact Finding/Dispo		
CRB		

Briefly describe why the children came into care:

Briefly describe any prior DHS contact with the family? :

What were the proven allegations at Fact Finding? (Jurisdictional basis):

What is the current case plan for the child(ren)?
___Return to parent ___ Adoption ___Guardianship ___ Permanent Foster Care ___ APPLA

Briefly describe the current situation and include whether parents are doing services, any parent/child or sibling visits, if/where child attends school, etc.

CHRONOLOGY OF CASE: