**Case Contact Sheet**

*Please email completed form to* [*DCFChildWelfareCQIProcess@wisconsin.gov*](mailto:DCFChildWelfareCQIProcess@wisconsin.gov) *and your assigned DCF reviewer*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Name:** | **Case ID:** | **Case Opening Date:** | **Case Closure Date:** | **Case Type:**  In-Home  Out-of-Home |
| **Target Child Name (out-of-home cases only)\*:** | **Target Child ID\*:** | **Target Child DOB\*:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| KEY CASE PARTICIPANTS | | | | |
| **Relationship** | **Name** | **Address & Email Address** | **Phone Number** | **Notes/Comments** |
| IA Worker |  |  |  |  |
| Ongoing Worker |  |  |  |  |
| Supervisor |  |  |  |  |
| Target Child |  |  |  |  |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Out-of-Home Provider |  |  |  |  |
| Out-of-Home Provider |  |  |  |  |
| Additional Case Participants | | | | |
| **Relationship** | **Name** | **Address & Email Address** | **Phone Number** | **Notes/Comments** |
| Child |  |  |  |  |
| Child |  |  |  |  |
| Step-Mother |  |  |  |  |
| Step-Father |  |  |  |  |
| Tribal Worker |  |  |  |  |

\*Only fill out “Target Child” information for Out-of-Home Care cases

\*\*Add additional lines if necessary by putting cursor in last box and hitting tab