**Case Contact Sheet**

*Please email completed form to* *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