**Guide for Foster Parents and Other Out of Home Care Providers**

**to Provide Information at Court Proceedings**

**Use of form:** Completion of this form is voluntary, and foster parents and other out of home care providers do not need to complete every question and can include additional pages with this form if necessary. This form is intended to assist foster parents and out of home care providers in determining what information, if any, they determine is relevant to present to a judge or administrative review panel regarding a court hearing or permanency plan review. This form will be distributed to all parties involved with the hearing or permanency plan review, including the child/youth’s birth parent, legal guardian, child welfare professional, guardian ad litem, attorney, therapists, and any other case participants. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Background:** Please read before filling out this form.

Foster parents and other out of home care providers have the right to receive notice of any hearing or permanency plan review related to a child/youth in their care, except hearings for which notice need only be provided to the child/youth and his or her counsel. In addition, foster parents and other out of home care providers may provide information to the court relevant to the hearing or permanency plan review. However, foster parents and other out of home care providers are not considered a party to a hearing or permanency plan review and may not be allowed the opportunity to make a verbal statement in court. Any information provided to the court is distributed to all parties involved with the hearing or permanency plan review, including the child/youth’s birth parent, legal guardian, child welfare professional, guardian ad litem, attorney, therapists, and any other case participants. A copy of the information will be placed in the child/youth’s file and become part of the child/youth’s permanent record. If a foster parent or out of home care provider has questions about the purpose of the hearing or permanency plan review or about what information should be included on this form, they should contact the child/youth’s child welfare professional.

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| --- | --- | --- | --- | --- |
| Date Form Completed (mm/dd/yyyy) | | Date of Hearing or Permanency Plan Review | | |
| Name – Child/Youth (As it appears on the court document) | | | | Birthdate – Child/Youth |
| Name – Foster Parent or Out of Home Care Provider Completing Form | | | | |
| Name – Child Welfare Professional | | | | |
| Name – Agency | | | | |
| Agency Case Number | | Court Case Number      JC         OR     JV | | |
| Type of Hearing or Review (Check all applicable types)  Permanency Plan Review  OR  Temporary Physical Custody  Extension  Revision  Disposition  Change of Placement  Permanency Plan Hearing  Other: | | | | |
| **Information for the Court or Review Panel** | | | | |
| **1.** | **Placement** | | | |
|  | How long has the child/youth been in your home? | | | |
|  | How is the child/youth doing in your home? (For example, how is the child/youth getting along with other people living in your home?) | | | |
| **2.** | **Education** | | | |
|  | How is the child/youth doing in school? | | | |
| **3.** | **Psychological, emotional, or physical health care needs** | | | |
|  | How is the child/youth’s physical and mental health? | | | |
|  | Yes  No Are there other therapies or services that you think the child/youth would benefit from? | | | |
|  | If “Yes”, describe the additional needed services. | | | |
| **4.** | **Family interaction, including contact with siblings** | | | |
|  | How is the child/youth getting along with their birth family? Siblings? | | | |
| **5.** | **If a child/youth is over the age of 15 years, Independent Living Services should be part of their planning.** | | | |
|  | How is the youth doing with learning independent living skills? | | | |
| **6.** | **Support needs of the foster family** | | | |
|  | Yes  No Are there any services or supports that you or your family need at this time? | | | |
|  | If “Yes”, describe any needed services. | | | |
| **7** | **Other** | | | |
|  | Describe any other information you think is relevant. | | | |
| **SIGNATURE** – Person Completing Form | | | Date Signed | |

Return this questionnaire to       at least 10 business days prior to the scheduled hearing.