Concerned Party Questionnaire

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

What is your understanding of why the child(ren) has entered care?	__Physical Abuse __Sexual Abuse __Neglect	__Child's Emotional Problems __Parents Incarceration __Child's Behaviors	__Parents Drug/Alcohol Abuse __Child's Medical/Special Needs __Child's Drug/Alcohol Abuse
Other:			
What do you understand the permanency objective of the child(ren) to be?	___Reunification ___Guardianship ___Long-term foster care ___Adoption ___Self-sufficiency ___Independent living ___In transition ___Unknown		
What problems if any, are keeping this plan from succeeding?	___lack of parental compliance ___services not available in the area ___lack of funding for services ___legal delays in filing for permanency ___child's behaviors/needs ___parental mental limitations/deficiency ___on waiting list for services ___legal delays due to criminal charges		
Have any new problems developed since the initial intervention?	___alcohol/drug abuse ___parent arrested ___incarceration of parent ___lost housing ___new child born or is due ___child unwilling to return home ___new live-in companion ___criminal charges file on abuse/neglect		

What are the child(ren)'s special needs?
What additional services could or should be provided to the child(ren) or family?
Describe the contact that you have with the child(ren) or family:
Do you feel that the child(ren) could return home safely at this time with appropriate services? ___Yes ___No
What services would be necessary?

Please include here anything else 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:

To respond by taped questionnaire, call 1-800-577-3272

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