

**COURT OF COMMON PLEAS
PROBATE - JUVENILE DIVISION
Mercer County, Ohio**

**101 N. Main Street, Room 307
Celina, Ohio 45822
Phone: 419-586-1249
Fax: 419-586-4506**

**Matthew L. Gilmore
Judge
Richard M. Delzeith
Magistrate**

CAREGIVER INFORMATION FORM

Child's Name: _____

Date of Birth: _____ Case No.: _____

Name of Caregiver: _____

Type of Caregiver:

- Foster Parent
- Kinship Caregiver
- Other (Please Specify): _____

Date of Child's Placement with you: _____ Date of this Report: _____

Under Ohio law, foster and kinship caregivers have the right to attend and be heard in court proceedings related to the children in their care. This form is intended to help you provide information to the court at the next hearing related to the child in your care. You can also obtain a fillable form online at www.mercercountycourts.com. After you have completed the online form, you must print and submit it to the court.

By selecting a box below, you are stating whether or not you would like to be heard in court:

- I wish to be heard at next hearing.
- I do not wish to be heard at next hearing.

Please answer the questions below that are relevant to the child's current status and needs. You do not need to answer all questions. Use of this portion of the form is voluntary.

Caregiver Information Form

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1. Have you received a copy of the most recent case plan?
 Yes No
2. Is there anything you would suggest be added to the case plan?
3. Please describe any behavioral, emotional, or mental health concerns with the child, if any exist (for example, any changes in eating or sleeping patterns, acting out or aggressive behaviors, withdrawal, etc.). Are any such concerns being addressed with services?
4. Please identify any needs this child has that are not currently being addressed with services.
5. Please describe the child's educational progress and identify any concerns (for example, peer or teacher issues, bullying, academic progress or lack of progress, special education needs).
6. If age appropriate, what independent living services have been provided? What age-appropriate tasks and skills have you provided to the child to assist them in preparing for independence (e.g. cooking, cleaning, finances)? Are there such services you would recommend?
7. Please describe your observations of the child's interactions with other children and adults.
8. Has this child received any medical or dental treatment since the last hearing? Please describe.
9. Please note your observations related to child's contacts and visits with his or her birth parents.
10. If the child has siblings and they are not placed together, do they have ongoing visitation? Note your observations.

11. Does the child have regular, ongoing opportunities to socialize or participate in recreational activities with peers? If so, please describe. Please include any challenges with participation in activities.

12. Are there any additional services or supports needed for the child or for you that were not previously mentioned?

13. Has a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) been appointed for the child/youth? If so, what was the date and location of the last contact?

14. Have you been made aware of the most recent report and/or recommendations by the GAL or CASA in this case? If so, do you agree with the report and/or recommendations? If you do not agree with the recommendations, what recommendations you would make? Are there any additional recommendations would you make?

15. Have you been made aware of the most recent report and/or recommendations by persons other than the GAL or CASA? If so, do you agree with the report and/or recommendations? If you do not agree with the recommendations, what recommendations you would make? Are there any additional recommendations would you make?

16. If the child is in the permanent custody of the children services agency, please describe any efforts of which you are aware to locate a permanent adoptive family or kinship placement.

17. General progress, comments or recommendations regarding the child:

Caregiver Signature

Date

Please return this form to the Mercer County Juvenile Court prior to the next court hearing by either dropping the form off in person, mailing to the address listed above, or faxing to the number listed above.