

**CASE PLANNING & SUPPLEMENTAL PLACEMENT INFORMATION FORM**

*To be completed by caregiver(s) and shared with DCF-FSD as a means to share information and support the case plan*

Child/Youth's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Updated: \_\_\_\_\_

*This form assists DCF-FSD with developing the initial case plan and updating subsequent case plans. Completing this form allows for caregiver voice to be heard in the case planning process. Please complete as much information as possible – especially changes that may have occurred since the child entered DCF custody and/or since the last hearing or case plan review. This document should also be used as a tool to support the process of getting to know each other better. This form can be shared with children and youth (as age and developmentally appropriate) and should guide conversation prompts.*

<b>Physical Health, Mental Health, and Dental Providers</b>	<b>Name</b>	<b>Address</b>	<b>Date of Last Exam or Visit and/or Scheduled Visits</b>
<b>Primary Care Provider</b>			
<b>Dentist</b>			
<b>Therapist or Mental Health Practitioner</b>			
<b>Eye Doctor</b>			

Medical needs or updates, dental needs or updates, and current medications or changes:

Recent developmental accomplishments, developmental milestones/benchmarks, concerns, or updates:

<b>Child/Youth's Grade Level</b>	
<b>School Name</b>	
<b>Program Name, if applicable</b>	
<b>School Address</b>	
<b>School Phone Number</b>	
<b>Educational Surrogate</b>	
<b>IEP or 504 Plan?</b>	
<b>Basis for the IEP or 504 Plan?</b>	
<b>Child Care Provider (if applicable)</b>	
<b>Respite Provider (if applicable)</b>	

Updates on school performance, employment, volunteer opportunities, and future planning (priorities, goals):

Routine and schedule updates/changes:

**Information the young person wants us to know about them:**

**Child/youth's food restrictions, allergies, and/or preferences:**

**Child/youth's interests and likes (music, games, toys, extracurricular activities, sports, etc.):**

**Child/youth's dislikes (music, games, toys, extracurricular activities, sports, etc.):**

**Child/youth's identity considerations (cultural, religious, spiritual, gender and sexual identities):**

**Social contacts, friends, and dating (visiting in the home, staying at friends, dances, outings, etc.)**

**Family time updates and/or contact with parents, relatives, or others with an important relationship to the young person:**

**Rules or updates regarding "screen time" (computers, electronics, social media, phone/texting usage):**

**Child/youth's certifications or licenses (driving, hunting, boating, CPR, first aid, water safety, babysitting, lifeguarding):**

**Time management (lights out, quiet time, meal times, curfew times, description of what helps the child fall asleep, etc.):**

**Description of what helps the child/youth feel safe and nurtured (what helps them to thrive?):**

**What behaviors does the child/youth feel they struggle with? What is your assessment as the caregiver?**

**What coping skills are effective (taking space, listening to music, drawing, coloring, yoga, exercising, being outside, talking with adults or peers, playing with a favorite toy or game, etc.)?**

**Household expectations & encouraged communication (sharing responsibility in specific household chores, responsible medication management, voicing personal or relational struggles, talking through disagreements respectfully, etc.):**

**Rewards and incentives (what works and what does not work):**

**Description or information about how you are meeting the child or youth's needs and supporting them to feel safe and comfortable in your home:**

**Additional information the child/youth or caregiver would like to add:**