

#### **CASA INTAKE FORM**

CHILD'S NAME:		CASE #:		
DOB: / /	GENDER: Male Fem	ale SOCIAL SECURITY #:		
PRIMARY LANGUAGE:	English 🔲 Spanish 🔲 Asian Lang	uage CHILD IS REMOVED FROM HOME: YES NO		
	Arabic ☐ Sign Language ☐ Othe	DATE REMOVED: / /		
RACE:	stive Asign/Asign American	CAREGIVER'S PHONE: (H) ( ) - (W) ( ) -		
	tive Asian/Asian-American	ADDRESS:		
☐ Black/African-American	☐ Hispanic/Latino	CITY/COUNTY:		
☐ Native Hawaiian/Other Pac	<u> </u>	STATE/ZIP:		
White	Other			
TOTAL NUMBER OF PLACEMENTS PRIOR TO CASA: #  TOTAL NUMBER OF MONTHS IN PRIOR	COURT INFORMATION  OPEN DATE: / /  NAME OF CASA VOLUNTEER :	ASSIGNMENT DATE: / /		
PLACEMENT(S): #	PETITION TYPE AT ASSIGNMENT	r:		
"	☐ ABUSE/NEGLECT ☐ C	HINS ☐ CUSTODY/VISITATION ☐ ENTRUSTMENT		
PLACEMENT		RELIEF OF CUSTODY		
☐ Acute psychiatric facility				
Custody to other parent	JUDGE:	COURT DATE: / /		
Custody with relative	GAL:	PHONE: ( ) -		
☐ Detention	COURT ORDERED VISITATION? Y			
DJJ	SUPERVISED VISITATION?  YES			
☐ Emergency shelter	COURT APPROVED THE FOLLOWING	(,,,		
Foster home	VISITATION:	· /		
Group home	VISITATION SCHEDULE:	ADDRESS:		
☐ Medical facility	DATE OF NEXT VISITATION: /			
☐ Own home father	BATE OF NEXT VIOTATION:	STATE/ZIP:		
Own home mother	MOTHER	FATHER		
<u> </u>	NAME:			
Own home parents	<b>PHONE</b> : (H) (	PHONE: (H)( ) -		
Relative foster care	(W) <u>(</u> ) -	(W) ( ) -		
Relative placement	ADDRESS:	ADDRESS:		
Residential	CITY/COUNTY:	CITY/COUNTY:		
☐ Therapeutic foster care	STATE/ZIP:	STATE/ZIP:		
☐ Third party custody	OID ING			
Runaway	SIBLING	OTHER		
(whereabouts unknown)	NAME:	NAME:		
☐ Short term diagnostic	PHONE: (H) ()	PHONE: (H)(		
☐ Trial placement in home	(W) () ADDRESS:	$(\Lambda \Lambda \Lambda) (\Lambda \Lambda) = -1$		
	CITY/COUNTY:	ADDRESS <sup>-</sup>		
	STATE/ZIP:	CITY/COUNTY:		
		STATE/ZIP:		

ADDITIONAL CONTACTS	
Social Worker/CPS:	PHONE: (W) ( ) - FAX: ( ) -
Social Worker/Adoption:	PHONE: (W) ( ) - FAX: ( ) -
Therapist:	PHONE: (W) ( ) - FAX: ( ) -
After-School Program:	PHONE: (W) ( ) - FAX: ( ) -
Mentor:	PHONE: (W) ( ) - FAX: ( ) -
Other:	PHONE: (W) ( ) - FAX: ( ) -
SCHOOL INFORMATION	
Name of School:	Child's Grade:
Principal:	PHONE: (W) ( FAX: ( )
Guidance Counselor:	PHONE: (W) ( FAX: (
Teacher:	PHONE: (W) ( FAX: (
Other:	PHONE: (W) ( FAX: (
DISABILITIES FOR CHILD  Autism  Developmental delay (0-9)  Emotional disturbance  Hearing impaired/deafness  Mental retardation  Multiple disabilities  Orthopedic impairment  Specific learning disability  Speech/language impairment  Traumatic brain injury  Visual impairment/blindness  Other  List services that the child is presently receiving:	CONCERNS FOR CHILD/FAMILY  Absent parent  Aging out in foster care  Behavior problem in caregiver household  Caregiver abused as child  Caregiver housing instability  Caregiver substance abuse  Chronic Medical  CPS - Prior  CPS - Current  CPS - Re-abuse  Criminal involvement by child  Criminal history - child  Criminal history - parent/caregiver  Criminal history - bousehold/family member  Death of parent(s)  Domestic violence in caregiver household  Drug addicted/drug exposed newborn  Economic instability  Exposed to domestic violence  Gang involvement  Has a teenage parent  Health and Hygiene issues for child  Health and Hygiene issues in caregiver household  Immigration Issues  Incarcerated parent  Is a teenage parent  Language barrier  Long time in foster care  Marital discord in caregiver household  Mental health concerns  Other  Parent has no healthy support system  Placement insappropriate  Placement instability  Psychotropic medication concerns  Runaway  School-beavioral  School-beavioral  School-beavioral  Sexually abused  Sexuall perpetrator  Siblings by multiple parents  Single primary caregiver  Substance abuse by child



## **CASA Volunteer Tracking Form**

Volunteer: Date:

Number of cases: Total number of children in case(s):

*Note:* Use pages 2 & 3 for additional cases.

Case Number:	Number: Next Court Date/Time:			
Contacts (Actual Out of Court Conversations/Meetings)	Name of Contact	Face to Face (Dates)	Other (Telephone, etc.) (Dates)	Total Time Spent with Each Contact
Child A				
Child B				
Child C				
Child D				
Mother				
<u>Father</u>				
Foster Parents				
Social Worker				
School				
GAL				
Daycare Provider				
Supervisor				
Other (therapist, relatives, etc.)	£H S E			

Please Lis	t the	Number	of Hours	Spent on	Each of	f the	Items	<b>Below:</b>
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Items Hearings Travel Paperwork Publicity In-service Total Hours time hours

#### Hours

List activities for in-service hours (include titles, dates and number of hours for each activity):

1.

- 2.
- 3.
- 4.



## **CASA Volunteer Tracking Form (p. 2)**

Volunteer:	Date:
Number of cases:	Total number of children in case(s)

Case Number: Next Court Date/Time:				
Contacts (Actual Out of Court Conversations/Meetings)	Name of Contact	Face to Face (Dates)	Other (Telephone, etc.) (Dates)	Total Time Spent with Each Contact
Child A				
Child B				
Child C				
Child D				
Child E				
Mother				
<u>Father</u>				
<u>Foster Parents</u>				
Social Worker				
<u>School</u>				
GAL				
<u>Daycare Provider</u>				
Supervisor				
Other (therapist, relatives, etc.)				
Notes:		•		



## **CASA Volunteer Tracking Form (p. 3)**

Volunteer:	Date:
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Number of cases: Total number of children in case(s):

Case Number:		Next Court Date/	<u>Гіте:</u>	
Contacts (Actual Out of Court Conversations/Meetings)	Name of Contact	Face to Face (Dates)	Other (Telephone, etc.) (Dates)	Total Time Spent with Each Contact
Child A				
Child B				
Child C				
Child D				
Child E				
Mother				
<u>Father</u>				
Foster Parents				
Social Worker				
School				
GAL				
Daycare Provider				
Supervisor				
Other (therapist, relatives, etc.)				
Notes:		'	1	
				-



# CASE CLOSURE INFORMATION

Case Name:	Case #:
CASA Volunteer:	Date closed by court:/
Date closed by CASA program://	Date of Final/Permanent Placement://
Court Closure Reasons	
☐ Adopted ☐ CASA Relieved/Dismissed ☐	Child AWOL
☐ Child/family moved out of area ☐ Child turn	ed 18 🔲 Denied - inappropriate referral
☐ Denied - no volunteer ☐ In compliance with	Protective Order
☐ Removed from docket ☐ Returned Home	☐ Terminated Parental Rights
☐ Transferred to another jurisdiction ☐ Unable	e to reassign Other:
Program Closure Reasons	
☐ Adopted ☐ CASA Relieved/Dismissed ☐	Child AWOL
☐ Child/family moved out of area ☐ Child turn	ed 18 🔲 Denied - inappropriate referral
☐ Denied - no volunteer ☐ In compliance with	Protective Order
☐ Removed from docket ☐ Returned Home	☐ Terminated Parental Rights
☐ Transferred to another jurisdiction ☐ Unable	e to reassign Other:
Final Placement at Closure	
☐ Adoptive placement ☐ Custody to other pare	ent  Custody with relative  Detention
☐ DJJ ☐ Emergency shelter ☐ Final Adoption	on 🗌 Foster Home 🔲 Group home 🔲 Hospital
☐ Independent Living Program ☐ Own home f	ather
☐ Permanent Foster Care ☐ Relative Foster F	lome
Runaway whereabouts unknown Short Te	
☐ Third party custody ☐ Other:	
Was CASA's permanent placement recommen	dation accepted?  Yes  No
Was the case worker permanent placement re-	commendation different?
Based upon the best professional assessment Program Closing a Safe - Permanent Home?	t by the CASA program, was the Final Placement at  Yes No
Notes:	

Docket #:	
CASA Case #:	



## **Court Hearing Information Form**

Case Name:		CASA Volunteer:
Date of Hearing:	Location of Hearing:	Report Submitted: Yes No
New Hearing Date(s):	_/Time(s)	:/ Judge:
GAL:		DSS Worker:
Date Court Order Filed:		Date Court Order Received:
Hearing Status: Held Conti	inued	progress
Petition Type: Abuse/neglect Other:		stody/Visitation
Hearing Types		
☐ Initial Perm Planning Hearing ☐ TPR Father ☐ Foster Care Revi	2 <sup>nd</sup> Perm Planning Hearing iew 12 month	nt
Volunteer Recommendations:		
Number of Recommendations  Accepted:  Rejected:  No decision or not considere	[use if	in part, incorporated into the court order, or service plan, or directed by the judge] the order is totally opposite the recommendation(s)]
Is there a permanency plan?	□Yes □ No	
Permanency Plan Type:		
		ependent Living Permanent Foster Care Relative Placement
Is there a concurrent plan in place?	☐ Yes ☐ No	
List the concurrent plan:		
Current Placement of Child(ren):		
☐ Foster Home ☐ Group home ☐ Relative foster care ☐ Relative ☐ Runaway whereabouts unknown		Custody with relative  Detention  DJJ  Emergency shelter  Other  Own home father  Own home mother  Own home parents  al  Therapeutic Foster Care  Third party custody  Trial Placement in home  Trial placement own home
List those present at the hearing:		······································

Docket #:	
CASA Case #: Court Ordered Visitation:  Yes No Supervised: Yes No	
Who will supervise?	
Visitation Schedule:	
Copy of the Court Order Obtained by CASA Volunteer?	
Court Ordered Services for Child:	
AA/NA Ala-Non/Alateen Anger management Attachment Study Background check on household member	
Child support Community support groups Daycare/before and after-school programs Dental care	
☐ Domestic violence program ☐ Drug screening ☐ Early childhood intervention assessment/services (age 0-3)	
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy	
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management	
Mental health services Mentor Parenting assessment Parenting classes Paternity testing Psychiatric evaluation/services	es
Psychological evaluation Sex offender evaluation/treatment Special education services Substance abuse services	
Supervised visits  Therapeutic/appropriate placement  Tutoring/educational services  Other:	_
Court Ordered Services for Mother:	
☐ AA/NA ☐ Ala-Non/Alateen ☐ Anger management ☐ Attachment Study ☐ Background check on household member	
Child support Community support groups Daycare/before and after-school programs Dental care	
Domestic violence program Drug screening Early childhood intervention assessment/services (age 0-3)	
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy	
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management	
Mental health services 🔲 Mentor Parenting assessment 🔲 Parenting classes 🔲 Paternity testing 🔲 Psychiatric evaluation/services	es
Psychological evaluation Sex offender evaluation/treatment Special education services Substance abuse services	
Supervised visits Therapeutic/appropriate placement Tutoring/educational services Other:	
Court Ordered Services for Father:	
☐ AA/NA ☐ Ala-Non/Alateen ☐ Anger management ☐ Attachment Study ☐ Background check on household member	
Child support Community support groups Daycare/before and after-school programs Dental care	
☐ Domestic violence program ☐ Drug screening ☐ Early childhood intervention assessment/services (age 0-3)	
☐ Economic/housing assistance ☐ Education/vocation assistance ☐ Employment ☐ FAPT Review ☐ Homestudy	
☐ Independent living ☐ In-home services ☐ Interpreter ☐ Mediation ☐ Medical care ☐ Medication management	
☐ Mental health services ☐ Mentor Parenting assessment ☐ Parenting classes ☐ Paternity testing ☐ Psychiatric evaluation/service	es
☐ Psychological evaluation ☐ Sex offender evaluation/treatment ☐ Special education services ☐ Substance abuse services	
Supervised visits Therapeutic/appropriate placement Tutoring/educational services Other:	
Follow up on Services:	
Start Date for Services: Child:	
Start Date for Services: Mother:	
Is anyone referred for services on waiting list? Child: Yes No Mother: Yes No Father: Yes No No	_
Were any services completed at the time of this hearing? Child: Yes No Mother: Yes No Father: Yes No Father: Yes No	
Notes:	