

GIRARD CITY SCHOOL DISTRICT
FOSTER CARE CASE STATUS SHEET

TO: _____
(SCHOOL DISTRICT)

NEW CASE: DATE: ___/___/___

AMENDMENTS: DATE: ___/___/___

INDICATE EFFECTIVE DATE NEXT TO CHANGED ITE

FROM: _____
(CASEWORKER)

(SUPERVISOR)

Phone: _____ Ext: _____

Phone: _____ Ext. _____

RE: _____
(CHILD'S FULL LEGAL NAME)

DATE OF BIRTH: ___/___/___

CUSTODY STATUS	Effective Date
___ TEMPORARY:	___/___/___
___ PERMANENT:	___/___/___
___ ASSESSMENT:	___/___/___
___ PROTECTIVE SERVICE ONLY:	___/___/___
___ V.A.C.	___/___/___

CURRENT ADDRESS OF BIOLOGICAL PARENT(S):
MOTHER

FATHER

Name: _____

Street: _____

City: _____

State/Zip: _____

Does the child's parent(s) retain the rights to make educational decisions for the child: ___ Yes ___ No

ADDRESS OF BIOLOGICAL PARENT(S) AT TIME DHS AWARDED CUSTODY (If different than above)
MOTHER

FATHER

Name: _____

Street: _____

City: _____

State/Zip: _____

CHILD'S CURRENT RESIDENCE:

Type of Facility/Relative Placement: _____ Date of Placement: ___/___/___

Name of Facility/Relative Placement: _____ (or adult responsible)

Street: _____

City: _____

State/Zip: _____

IS THERE A CURRENT RESTRAINING ORDER(S)? ___ Yes ___ No (If YES, Attach Order – MUST be Notarized)