

Child Specific Recruitment Case File Review Tool

CHILD'S NAME _____

DATE _____

COMPLETED BY _____



INTRODUCTION

Purpose: This tool is designed to assist the social worker when reviewing the child's and family's case record for potential placement resources or individuals who would assist in identifying placement resources.

In addition, the tool collects information helpful in the development of the child's lifebook, background information for formal presentations, full disclosure forms and subsidy documents.

Therefore, a single thorough review of the child's and family's case records can serve to satisfy several case management responsibilities. More importantly, after a meticulous review of the case record, the social worker knows the child better and is able to identify a family to meet the child's lifelong needs.

Directions:

1. Obtain the child's and family's case record.
2. In an organized fashion, review each piece of paper in the case record.
3. As critical information is uncovered, record it on the appropriate page in this tool. *Be sure to have extra paper - you may likely need more space than is on this template!*
4. Once the case record review is completed, analyze the tool and identify potential placement resources or individuals who could be utilized as members of the recruitment team.
5. Treat this as a living document, to be revisited, updated, and used throughout the life of the case for both permanency options *and meaningful connections* to last a lifetime.

Child's Placement History

*For people, places or placements that the child recognizes as significant, complete the "Placement Ecomap" with the child.

<u>Dates Resided</u>	<u>Family/Placement</u>	<u>Address</u>	<u>E-mail & Phone(s)</u>
1.			
2.			
3.			
4.			
5.			

Dates Resided	Family/Placement	Address	E-mail & Phone(s)
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Birth Mother's Background Information

Add notes on reverse side

Name _____ aka _____ DOB _____

Addresses known to reside _____

Birth Mother's Relatives:

name	relationship	address	e-mail/phone(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Individuals Connected to the Birth Mother:

name	relationship	address	e-mail/phone(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Birth Father's Background Information

Add notes on reverse side

Name _____ aka _____ DOB _____

Addresses known to reside _____

Birth Father's Relatives:

name	relationship	address	e-mail/phone(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Individuals Connected to the Birth Father:

name	relationship	address	e-mail/phone(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLING INFORMATION

Name	DOB	Relationship	Placement/Address	E-mail/Phone

SCHOOL INFORMATION

Name of School	Grades/Dates Attended	Address	Phone Number	Important People to Child*
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*Important people to consider: teachers, coaches, program aides, lunchroom staff, bus drivers, clerical, principal, tutors, maintenance staff, guidance counselors, music/art teachers, etc.

Health Information

Add notes on reverse side, add pages as needed.

	CURRENT PRIMARY DOCTOR	DENTIST
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>
	PAST DOCTORS	EYE DOCTOR
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>
	SPECIALIST	PT/OT/SPEECH THERAPIST
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>

MENTAL HEALTH INFORMATION

Add notes on reverse side, add pages as needed.

	CURRENT THERAPIST	RESIDENTIAL TREATMENT
Name Address City, State Zip Phone number Dates of service	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	PAST THERAPIST	GROUP HOME
Name Address City, State Zip Phone number Dates of service	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	PAST THERAPIST	HOSPITALIZATION
Name Address City, State Zip Phone number Dates of service	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>

SOCIAL & COMMUNITY CONTACTS

Add notes on reverse side, add pages as needed.

	RELIGIOUS AFFILIATIONS	BIG BROTHER/BIG SISTER/MENTOR
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>
	VISITING FAMILY/RESPITE CARE	GODPARENTS
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>
	SPORTS/RECREATION/CAMPS/SCOUTS	FRIENDS
Name	<hr/>	<hr/>
Address	<hr/>	<hr/>
City, State Zip	<hr/>	<hr/>
Phone number	<hr/>	<hr/>
Dates of service	<hr/>	<hr/>

SOCIAL SERVICES CONTACTS

Add notes on reverse side, add pages as needed.

	CURRENT SOCIAL WORKER	PAST WORKER <small>(CPS, eligibility, stabilization, FC)</small>
Name Phone number Dates with case	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	GUARDIAN AD LITEM	CASA
Name Phone number Dates with case	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	RECRUITER	CONTRACT AGENCY SOCIAL WKR
Name Phone number Dates with case	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	INDEPENDENT LIVING SPECIALIST	OTHER STAFF*
Name Phone number Dates with case	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

*Other staff may include clerical, transportation, training, etc. who may have had contact with the child, or staff from other public service agencies (health department, Community Services Board, etc).

ADDITIONAL INFORMATION, CONTACTS or POTENTIAL LEADS for the child:
