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| Nebraska State Court Form _____ Rev. 01/2019 Neb. Rev. Stat. § 43-1314.02 | CAREGIVER INFORMATION FORM | |
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IN THE JUVENILE COURT OF _____ COUNTY, NEBRASKA

| | |
|---------------|--------------------|
| Child: | Legal Case Number: |
| Hearing Date: | |
| Completed by: | Relationship: |

To the Foster Parent or Relative/ Kin Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and you can be heard at review and permanency hearings. This *optional* form may assist you in providing written information to the court. You are encouraged to provide information based only on *first-hand* knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.

1. Child's Name: _____ Age: _____

Date of Birth: _____

2. Name of Caregiver: _____ Phone: _____

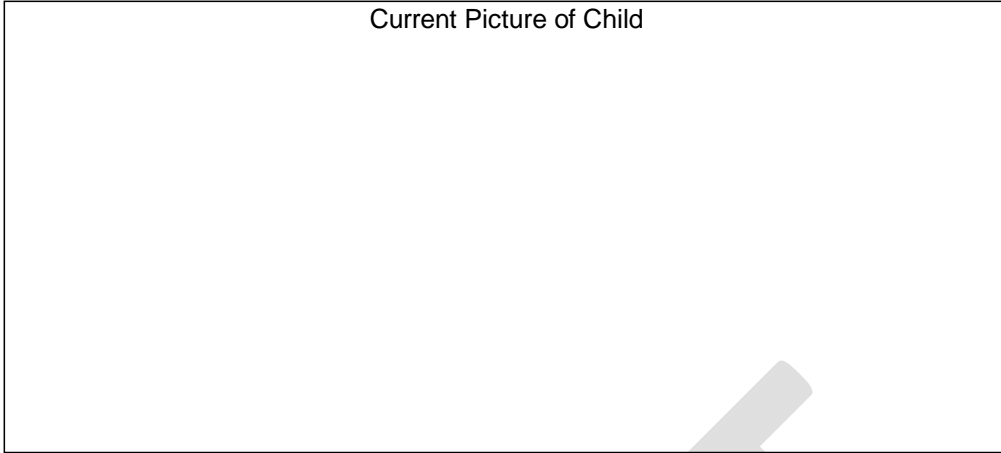
Address: _____

Type of Caregiver:

- Foster Parent Group home/residential treatment facility
 Relative/Kinship Other (specify): _____

3. The child has been living in my home for _____ years and _____ months.

Current Picture of Child



4. Current status of child's medical/ dental/ general physical condition:

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

5. Current status of child's emotional condition:

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

6. Current status of child's education:

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

7. Do you have any concern for an unmet educational need such as special education, Individual Education Plan, 504 plan, English Learning student, etc.? (*please describe*)

8. Current status of child's social skills and peer relationships:

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

9. Current status of child's special interests or activities:

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

The **Strengthening Families Advisor** is an individual identified by the youth to be designated as the youth's advisor on the application of Reasonable and Prudent Parenting Standards (RPPS). RPPS allow foster parents to use their best judgment in making day-to-day decisions about activities foster youth are involved in. This applies to activities and being able to participate in age-appropriate extracurricular, academic, enrichment, and social activities that promote a sense of "normalcy" while in foster care.

10. Does the child have a Strengthening Families Act Advisor? Yes No

11. Describe your involvement with the child's family:

12. Does the child exhibit any changes before/during/after parenting time and/or sibling visits?

- I have no new or additional information since the last court hearing
- I have new or additional information since the last court hearing (*briefly describe*)

13. I have no concerns regarding visitation arrangements.

- I have concerns regarding visitation arrangements. (*please specify*)

14. Is child receiving all necessary services? Yes No Explain:

18. If child is not able to be reunified with his/her family, and if consideration for permanency is with us, I am/ we are:

- ABLE to provide permanency for the child.
- WILL CONSIDER providing permanency for the child.
- UNABLE to provide permanency for the child, but desire to maintain a relationship and permanent connection with the child.
- UNABLE to provide permanency for the child.

Comments below:

Please feel free to use the back for more detailed information.

Date: _____

(Type or print name)

(Signature of Caregiver)

DRAFT