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/or 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 (touch) each piece of paper in the case record. Pay particular attention to meeting documents, case histories, forms that list family and friends of the child and their parents.
- 3. As critical information is uncovered, record it on the appropriate page in this tool.
- 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.

Child's Placement History

Caregiver's Name and Type	Address	Phone Email	Dates Resided in Placement
John and Mary Sample Family,	1234 Street Road	999.555.1212	1/1/17 to
foster home	Anytown, State, zipcode	JMSample@email.com	12/31/17

Child's Placement History-continued

Caregiver's Name and Type	Address	Phone Email	Dates Resided in Placement

^{*}For placements that the child recognizes as significant, complete the "Placement Ecomap" with the child.

Birth Mother's Background Information

Mother's Known Addres			
Street Address	City	, State, Zip	Phone/Email
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Mother's Relatives:			
Name	Relationship	Address	Phone/Email

Name	Relationship	Address	Phone/Email

ther Individuals Connected to Birth Mother:					
Name	Relationship	Address	Phone/Email		
			-		

NOTES:		

Birth Father's Background Information

Name	aka	DOB
Birth Mother's Known Addresses:		
Street Address	City, State, Zip	Phone/Email

Birth Mother's Relatives:						
Name	Relationship	Address	Phone/Email			

ther Individuals Connected to Birth Mother:					
Name	Relationship	Address	Phone/Email		
			-		

NOTES:		

SIBLING INFORMATION

Name	DOB	Relationship (full, half, step, fictive)	Address	Phone/Email
Joe Brother Sample	4/1/09	half brother	1212 Main St, Centertown, St 98765	999-321-4567 BroJoe@email.com

Notes:		

SCHOOL/EDUCATIONAL INFORMATION

(include preschool, Headstart, elementary, middle, high, vocational, etc.)

Name	Dates Attended	Address	Phone/Email	*Any Important People
John Hancock	10/18/11-	776 Franklin Parkway	999-345-9876	Miss Teacher,
Elementary	3/12/12	Washington, ST 01324	HancockEl@edu.com	classroom aide

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^{*}Important people to consider: teachers, coaches, program aides, lunchroom staff, bus drivers, clerical, principal, tutors, maintenance staff, quidance counselors, music/art teachers, etc.

Health Information

	CURRENT PRIMARY DOCTOR	DENTIST
Name Address City, State Zip Phone number Date of service		
	PAST DOCTOR	EYE DOCTOR
Name Address City, State Zip Phone number Date of service		
	SPECIALIST (type:)	PT/OT/SPEECH THERAPIST
Name Address City, State Zip Phone number Date of service NOTES:		

MENTAL HEALTH INFORMATION

	CURRENT THERAPIST	RESIDENTIAL TREATMENT
Name Address		
City, State Zip Phone number		
Date of service		
	PAST THERAPIST	RESIDENTIAL TREATMENT
Name Address		
City, State Zip		
Phone number		
Date of service		
	PAST THERAPIST	HOSPITALIZATION
Name		
Address		
City, State Zip Phone number		
Date of service		
	PAST THERAPIST	HOSPITALIZATION
Name		
Address		
City, State Zip		
Phone number		
Date of service		

SOCIAL & COMMUNITY CONTACTS			
	RELIGIOUS AFFILIATIONS	BIG BROTHER/BIG SISTER/MENTOR	
Name			
Address			
City, State Zip			
Phone number			
	VISITING FAMILY/RESPITE CARE	GODPARENTS	
Name			
Address			
City, State Zip			
Phone number			
	SPORTS/RECREATION/CAMPS/SCOUTS	FRIENDS (peers)	
Name			
Address			
City, State Zip			
Phone number			
A.1	FRIENDS OF THE FAMILY	EMPLOYER	
Name			
Address			
City, State Zip Phone number			
Prione number			
NOTES:	•	•	

	SOCIAL SERVICES CONTACTS			
	SOCIAL WORKER	PAST SOCIAL WORKER		
Name Address City, State Zip Phone number				
	GUARDIAN AD LITEM	CASA		
Name Address City, State Zip Phone number				
	RECRUITER	CONTRACT AGENCY SOCIAL WKR		
Name Address City, State Zip Phone number				
	INDEPENDENT LIVING SPECIALIST	OTHER STAFF*		
Name Address City, State Zip Phone number				
NOTES:				

^{*}Other staff may include clerical, transportation, training, etc. who may have had contact with the child

ADDITIONAL INFORMATION, CONTACTS OR POTENTIAL LEADS FOR THE CHILD:		