

**Casehead:** \_\_\_\_\_

**Client:** \_\_\_\_\_

Other Parent: \_\_\_\_\_

Other Parent: \_\_\_\_\_

Initial Meeting Date: \_\_\_\_\_ S.W. \_\_\_\_\_

Demographics Updated: \_\_\_\_\_ Agency/Contact Info: \_\_\_\_\_

\_\_\_\_\_ Previous SW: \_\_\_\_\_

\_\_\_\_\_ ICWA: \_\_\_\_\_

**Client:** \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Phone:** \_\_\_\_\_ Other Income/Source: \_\_\_\_\_

Language: \_\_\_\_\_ Public Benefits: \_\_\_\_\_

Child(ren)'s Name Date of Birth/Age Placement Special Needs?

Current Family Interaction/Visitation Plan:

**CHIPS History**

Date of Removal: CHIPS Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Removal:

GAL: \_\_\_\_\_

Phone: \_\_\_\_\_

CHIPS Conditions:

Completed?

Service Providers: Agency/Contact Info:

- Psych Eval:
- Mental Health:
- Psychiatrist:
  - Medications:
- AODA:
- Parenting/Nurturing:
- Supervised Visitation Worker:
- Other:

Family Situation:

- Who lives with you?
  
- Rent/Bills?

Level of Education:

Criminal History:

Support System:

Relatives/Friends/Minister

TPR Grounds at Issue:

- Length of Out-of-Home Placement:
- Previous TPR?