

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?