

**CHILDREN, YOUTH & FAMILIES DEPARTMENT  
CITIZEN REVIEW BOARD CASE SUMMARY**

**Completed By:**

**Date:**

**County:**

**Staff Information**

1. Caseworker:	2. Total Caseload of Caseworker:
3. Date Caseworker Assigned Case:	4. Total # of Children:

**Case Information**

	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>
1. Child's Name:			
2. Date of Birth:			
3. Gender:			
4. Ethnicity:			
5. Custody Date:			
6. Court Case Number:			
7. Next Court Date:			
8. Next Hearing Type:			
9. Number of Referrals:			
10. Number of Custodies:			
11. Reason Case Opened:			
12. Permanency Plan - Date Established:			
13. Concurrent Plan - Date Established:			
14. Mother's Name:			
15. Was mother a foster-child?			
16. Date TPR Filed:			
17. Date TPR or relinquishment granted?			
18. If not TPR - Status of the Mother. Include level of compliance with her tx. plan (i.e., parenting, D.V., therapy, sub. tx., etc.):			
19. Date caseworker last visited mother:			
20. Frequency of caseworker visits with mother:			
21. Was the mother involved with creating her treatment plan? If so describe her involvement:			

	Child #1	Child #2	Child #3
22. Mother's assessments-date and diagnosis			
23. Does child have visits with mother?			
24. If "Yes", How often and if supervised or unsupervised?			
25. Father's Name:			
26. Was father a foster-child?			
27. Date TPR Filed:			
28. Date TPR or relinquishment granted?			
29. Date of Father's TPR or Relinquishment:			
30. If not TPR – Status of the Father. Include level of compliance with his Tx. Plan (i.e., parenting, DV therapy, sub. abuse tx., etc.)			
31. Date caseworker last visited father:			
32. Frequency of caseworker visits with father:			
33. Was the father involved with creating his treatment plan? If so describe his involvement:			
32. Does the child have visitations with father?			
33. If "Yes", How often and if supervised or unsupervised?			
34. Siblings? (If Yes - Name & DOB			
35. Visitations with Siblings? (Identify by Name)			
36. If "Yes", how often and if supervised or unsupervised?			
37. Name of Step-Parent or Partner:			
38. Type of Current Placement (i.e., FC, TFC, RTC, etc):			
39. Current Placement (If placed in FC, TFC, or with a relative, please give their name):			
40. Date of Current Placement:			
41. Total Placements Since Custody (Include each household as a separate placement):			
41. Type of Placements:			
42. Total # of Case Workers Since Custody:			
43. How often does the caseworker visit with the child?			

	Child #1	Child #2	Child #3
44. Date caseworker last had face- to-face contact with the child?			
45. Is the Child in Therapy? If yes, please identify therapist and frequency of sessions:			
46. Child assessments: Date & Diagnosis			
47. Date of child's last medical or EPSDT appointment?			
48. Health concerns of child?			
49. Date of last dental appointment?			
50. Dental status of child?			
51. If child is Native American, what is ICWA involvement?			
52. Is child in Special Education? If yes, date of last I.E.P			
53. If child is 14 or over, date of transition plan?			
54. Was the youth involved in creating the plan?			
55. Were behavioral health services requested for the parties in this case? If not, Why?			
56. If behavioral health services were requested, are those services being provided? If not, why?			

### Narrative Summary

**Please use the space below to provide a written description of activities related to this case since the last CRB.**