

**NON-PUBLIC: INTENDED FOR COURT PERSONNEL ONLY**  
**Information contained in this form must not be made available to the public or any party.**

**CAREGIVER INFORMATION FORM**

Child's Name: \_\_\_\_\_

Case No.: \_\_\_\_\_ ID NO: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

Type of Caregiver:

Foster Parent

Kinship Caregiver

Other (Please specify): \_\_\_\_\_

Date of Child's Placement with you: \_\_\_\_\_ Date of this Report: \_\_\_\_\_

Under Ohio law, foster and kinship caregivers have the right to attend and be heard in court proceedings related to the children in their care. This form is intended to help you provide information to the court at the next hearing related to the child in your care. Please answer questions below that are relevant to the child's current status and needs. You can also obtain a fillable form on-line at <https://www.co.geauga.oh.us/commonpleas/Juvenile>. Once you have completed the on-line form, please print and bring or mail to the court.

**You do not need to answer all or any of the questions. Use of this form is voluntary.**

1. Have you received a copy of the most recent case plan? Yes  No
2. Is there anything you would suggest be added to the case plan:
3. Please describe any behavioral, emotional, or mental health concerns with the child, if any exist (for example, any changes in eating or sleeping patterns, acting out or aggressive behaviors, withdrawal, etc.). Are any such concerns being addressed with services?
4. Please identify any needs this child has that are not currently being addressed with services.





16. If the child is in the permanent custody of the public children services agency (JFS), please describe any efforts of which you are aware to locate a permanent adoptive family or kinship placement.

17. General progress, comments, or recommendations regarding the child:

\_\_\_\_\_  
Caregiver Signature

Dated: \_\_\_\_\_