

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 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 each piece of paper in the case record.
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*(see 2nd page)

Dates resided	Placement Name	Address	Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Child's Placement History-continued*

Dates resided	Placement Name	Address	Phone
11.			
12.			
13.			
14.			
15.			
16.			

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

Birth Mother's Background Information

Name _____ aka _____ DOB _____

Addresses known to reside _____

Birth Mother's Relatives:

name	relationship	address	phone number
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Other Individuals Connected to the Birth Mother:

name	relationship	address	phone number
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NOTES:

Birth Father's Background Information

Name _____ aka _____ DOB _____

Addresses known to reside _____

Birth Father's Relatives:

name	relationship	address	phone number
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Other Individuals Connected to the Birth Father:

name	relationship	address	phone number
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NOTES:

SIBLING INFORMATION

<u>name</u>	<u>DOB</u>	<u>relationship</u>	<u>address</u>	<u>phone number</u>
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SCHOOL INFORMATION

SCHOOLS ATTENDED:

Name of School	Dates Attended	Address	Phone Number	Important People to Child*
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*Important people to consider: teachers, coaches, program aides, lunchroom staff, bus drivers, clerical, principal, tutors, maintenance staff, guidance counselors, music/art teachers, etc.

Health Information

	CURRENT PRIMARY DOCTOR	DENTIST
Name Address City, State Zip Phone number Date of service	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	PAST DOCTORS	EYE DOCTOR
Name Address City, State Zip Phone number Date of service	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	SPECIALIST	PT/OT/SPEECH THERAPIST
Name Address City, State Zip Phone number Date of service	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

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	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	VISITING FAMILY/RESPITE CARE	GODPARENTS
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	SPORTS/RECREATION/CAMPS/SCOUTS	FRIENDS
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	FRIENDS	EMPLOYER
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

NOTES:

SOCIAL SERVICES CONTACTS

	SOCIAL WORKER	PAST SOCIAL WORKER
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	GUARDIAN AD LITEM	CASA
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	RECRUITER	CONTRACT AGENCY SOCIAL WKR
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
	INDEPENDENT LIVING SPECIALIST	OTHER STAFF*
Name Address City, State Zip Phone number	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

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:
