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| Agency Caseworker: | Documents due to Agency Coordinator: |

**[County and Board Number]**

**REQUEST FOR CASE INFORMATION**

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| DATE OF REVIEW: | DOCUMENTS DUE: |

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| **ODHS Case #** | **Child/ren Name(s):** |

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| DATE OF LAST CRB REVIEW:  (if no date provided, this is the first CRB review) |  | INTERPRETER: \_\_\_\_\_\_\_\_\_\_\_\_  (if interpreter needed, please provide language and name and phone number of party for whom the interpreter is needed) |

**\*\*\*** Please list any ADA needs or safety issues (no contact orders, risk of violent outbursts, split review needed, etc.) **\*\*\***

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| **Please submit the following in the order listed:**  Documents for all CRB reviews (when applicable):   1. **Placement History** 2. **Family Report** (written within 60 days prior to the CRB review) 3. Current **Action Agreement** or **Letter of Expectations** for each parent (when permanency plan is Reunification) 4. Most recent **CANS** assessment, even if it is older than 6 months 5. **Supervision Plan** (when child has a CANS score of 1 or above) 6. In-home **Safety Plan** (when child is in a trial reunification placement) 7. Current **Youth/Comprehensive Transition Plan** (when child is 14 years or older) 8. Any o**ut of home care assessment** or c**losed at** s**creening** report completed within the last 6 months 9. Spreadsheet tracking diligent relative search (DRS). Some branches call it the **DRS Mail Merge and Tracker**. **I**dentifiers such as relative names, addresses, etc. can be redacted. 10. Any **Psychological Evaluations** from last 12 months for child and parents 11. **Individual Support Plan** (when child is receiving I/DD services) 12. **Adoption Tracking Sheet** (when permanency plan has changed to Adoption) 13. **Voluntary Placement/Custody Agreement** (when case is voluntary) 14. **Courtesy/ICPC Supervision Report** (when child is placed out-of-county or out-of-state) 15. Any additional material requested by the board, typically requested in a recommendation from the last CRB review   Additional documents for first CRB reviews (when applicable):   1. **Verification of American Indian/Alaska Native Membership or Enrollment** for each parent 2. First two pages of **ICWA search packet** (when a parent indicated American Indian/Alaska Native ancestry)   Page 1 is the ICWA Applicability OR-Kids Cover Sheet  Page 2 is the ICWA Progress Sheet   1. **Father’s Questionnaire** 2. **Intake Nursing Assessment** 3. **Early Intervention Screening** (for children 0-2) or **Mental Health Assessment** (for children 3+) 4. **Early Intervention Evaluation** (when conducted) 5. **Family Engagement/Decision Meeting Notes** (when meeting held) 6. **Initial CPS Assessment** (307B) that brought child into care |  | **If a review in not needed, indicate why:** | | | |
| Reason |  | Date |  |
| Permanency Hearing |  |  |  |
| Full Judicial Review |  |  |  |
| Child Home & Wardship Terminated |  |  |  |
| Adoption Final |  |  |  |
| Guardianship Final |  |  |  |
| Aged Out/Emancipated |  |  |  |
| Transfer of Custody to  Another Agency |  |  |  |
| Other |  |  |  |
|  | | | |
| Please use the space below for special instructions about names and/or pronouns the board should use during the review. | | | |

**PARTY CONTACT INFORMATION**

Please verify with a checkmark (and add if needed) contact information for persons to be invited to the review. Children age 14 and older will be sent a notice unless the caseworker indicates below that the child is unable to understand and participate in the decision-making process without excessive anxiety or fear. If a party is incarcerated, please provide the party’s state offender ID (SID) number, facility name, and mailing address.

***Role Age Name Email (preferred) or mailing address Phone Number Verified***

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| Juvenile |  |  |  |  |  |

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| Parent |  |  |  |  |
| Parent |  |  |  |  |

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| CASA |  |  |  |  |

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| Resource Parent |  |  |  |  |

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| Tribe |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Department of Human Services |  |  |  |  |

**ATTORNEYS**

***Representing (write in) Attorney Name Email (preferred) or mailing address Phone Number Verified***

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| **OTHER INTERESTED PERSONS**  When involved in a case, contact information for the adoption worker, DD case manager, grandparent, ICPC or other courtesy worker, ILP worker, child’s probation officer, Tribe, and Wraparound facilitator are required. Contact information for other significant relatives, services providers, counselors, teachers, etc. are optional.  ***Role (write in) Name Email (preferred) or mailing address Phone Number Verified***   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**DOCUMENTS CHECKLIST**

**Instructions:** The below checklist is provided for your convenience. If you fill it out, please include it with the completed Request for Case Information returned to CRB. Thank you!

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| **Provided** | **Not**  **Applicable** | **Unavailable** | **Please provide the following in the order listed:** |
|  |  |  | Documents for all CRB reviews (when applicable): |
|  |  |  | 1. **Placement History** |
|  |  |  | 2. **Family Report** (written within 60 days prior to the CRB review) |
|  |  |  | 3. Current **Action Agreement** or **Letter of Expectations** for each parent (when permanency plan is Reunification) |
|  |  |  | 4. Most recent **CANS** assessment, even if it is older than 6 months |
|  |  |  | 5. **Supervision Plan** (when child has a CANS score of 1 or above) |
|  |  |  | 6. In-home **Safety Plan** (when child is in a trial reunification placement) |
|  |  |  | 7. Current **Youth/Comprehensive Transition Plan** (when child is 14 years or older) |
|  |  |  | 8. Any **out of home care assessment** or **closed at screening** report completed within the last 6 months |
|  |  |  | 9. Spreadsheet tracking diligent relative search (DRS). Some branches call it the **DRS Mail Merge and Tracker**. Identifiers such as relative names, addresses, etc. can be redacted. |
|  |  |  | 10. Any **Psychological Evaluations** from last 12 months for child and parents |
|  |  |  | 11. **Individual Support Plan** (when child is receiving I/DD services) |
|  |  |  | 12. **Adoption Tracking Sheet** (when permanency plan has changed to Adoption) |
|  |  |  | 13. **Voluntary Placement/Custody Agreement** (when case is voluntary) |
|  |  |  | 14. **Courtesy/ICPC Supervision Report** (when child is placed out-of-state or out-of-county) |
|  |  |  | 15. Any additional material requested by the board, typically requested in a recommendation from the last CRB review |
|  |  |  | Additional documents for first CRB reviews (when applicable): |
|  |  |  | 16. **Verification of American Indian/Alaska Native Membership or Enrollment** for each parent |
|  |  |  | 17. First two pages of **ICWA search packet** (when a parent indicated American Indian/Alaska Native ancestry)  Page 1 is the ICWA Applicability OR-Kids Cover Sheet  Page 2 is the ICWA Progress Sheet |
|  |  |  | 18. **Father’s Questionnaire** |
|  |  |  | 19. **Intake Nursing Assessment** |
|  |  |  | 20. **Early Intervention Screening** (for children 0-2) or **Mental Health Assessment** (for children 3+) |
|  |  |  | 21. **Early Intervention Evaluation** (when conducted) |
|  |  |  | 22. **Family Engagement/Decision Meeting Notes** (when meeting held) |
|  |  |  | 23. **Initial CPS Assessment** (307B) that brought child into care |