

Partnership for Children in Out-of-Home Care FOSTER PARENT'S REVIEW OF CASE WORKER/CARE MANAGER

The purpose of this review is to obtain feedback on how your Case Worker/Care Manager has fulfilled the Partnership Plan.

Name - Foster Parent(s)

Date

Name –Case Manager/Agency

Child(ren)s' Name/ DOB

The above named child(ren) is in or has recently left your care and your input is needed to assess the case manager and his/her consistency with the Partnership for Children Agreement. Your responses are important for the ongoing assessment and development of staff and for successful implementation of the Partnership Plan.

Please rate the following:

1 – Never; 2 – Sometimes; 3 – Consistently/Always; N/A – Not Applicable; Don't Know

Provide comment(s) for all "1" and "2" scores

The child(ren)'s worker has:

1. Provided support by responding promptly to telephone calls, correspondence and other requests and has provided information regarding agency policy for returning calls, including how to contact the supervisor, manager, etc.

Comments: _____

- 1 – Never
- 2 – Sometimes
- 3 – Consistently/Always
- N/A – Not Applicable
- Don't know

2. Made face-to-face contact with me and the child in my home every thirty days.

Comments: _____

- 1 – Never
- 2 – Sometimes
- 3 – Consistently/Always
- N/A – Not Applicable
- Don't know

3. During the visits the worker shared relevant information about the child and the case and solicited my input.

Comments: _____

- 1 – Never
- 2 – Sometimes
- 3 – Consistently/Always
- N/A – Not Applicable
- Don't know

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4. Provided the names and phone numbers of staff who could be contacted in emergencies.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

5. Provided basic information upon placement about the child upon placement.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

6. Provided the Child Resource Record, including all available social, educational, medical and legal information on each child upon the child's placement or within 72 hours of each child's placement.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

7. Provided on-going social educational, medical and legal information as it became available.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

8. Provided information/referral for any recommended counseling or training pertaining to the child's special needs, emotional disturbances, developmental disability or other handicaps.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

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9. Shared the child's Comprehensive Behavioral Health Assessment (CBHA) (recommendations) and provided referrals for recommended services.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

10. Solicited my participation and input in developing the case plan, and provided me with copies of the plan and of case plan updates.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

11. Worked in partnership with me as a team member by recognizing my contributions, soliciting my input, and keeping me regularly informed about all aspects of case progress.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

12. Worked with me in a respectful manner to solve problems and informed me of the grievance process.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

13. When there has been a staff change, provided names and numbers of new staff who work with children in my home within two working days.

Comments: _____

- 1 – Never**

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- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

14. Provided timely notice of all judicial reviews, administrative hearings and department staffings regarding the child(ren) placed in my home and has encouraged my input and/or attendance including by offering alternative methods of participation.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

15. Provided routine and specially requested information, supervision and assistance that was helpful in caring for the child. This includes information on the child's traumatic experiences and possible impact on behavior.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

16. Partnered with me to develop a plan (approach) to work with the birth family, promote connections, schedule visits, identify mentoring opportunities to assist the family and improve their parenting skills and provided needed support.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

17. Took reasonable timely steps toward permanency goal of the child's case plan, i.e., reunification, adoption, or independent living in a timely manner.

Comments: _____

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

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18. Engaged me in the development of a Safety Plan for the child(ren) when necessary.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't know**

Comments: _____

Thank you for your participation and feedback.

Foster Parent Name, Licensing Agency Date

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