



New Jersey Judiciary Resource Family Information Form

This form may be faxed to _____
or mailed to _____

To the resource family member/foster parent of the child:

Completing this form can be helpful to the judge. This is a confidential document, but the information on this form will be shared with the parties (DCP&P, the parents through their attorney and the child through his/her law guardian). It will not be shared with anyone else.

Please print clearly in ink and submit the form, to the address provided, at least 7 days prior to the scheduled court hearing.

Docket Number _____

1. Child's name: _____ Child's age: _____

Child's date of birth: _____

2. The child has been living in my home for _____ years and _____ months.

3. How often do you have contact with the Division Worker? _____

Resource Parent's Initials

Date

***If you are caring for more than one sibling in this case, please complete a separate form for each child.**

Resource Family Information Form

Child's name: _____ Case Docket Number: _____

Date: _____

Please provide the following information to the court:

1. Current Status of Child's Medical, Dental, Physical, and Emotional Health

a. How is the child's overall health?

- Very Good Good Fair Poor Very Poor

Explain:

2. Current Status of Child's Education

What is the child's current grade in school? _____

a. How is the child's progress/grades in school?

- Very Good Good Fair Poor Very Poor

Explain:

b. The child is / is not a special education student.

c. The child is / is not receiving special accommodations at school.

d. Are there any concerns/issues regarding attendance at school? Yes No

Explain:

e. How is the child's overall behavior in school?

3. Current Status of Child's Adjustment to the Living Arrangement

a. How is the child adjusting in your home?

- Very Good Good Fair Poor Very Poor

Explain:

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Child's name: _____ Case Docket Number: _____

Date: _____

b. How many other children are in the home? _____

What are their ages and gender? _____

c. How does the child get along with other family members?

Very Good Good Fair Poor Very Poor

Explain:

d. How is the child's overall behavior while at your home?

e. Has the child received emergency behavioral services? Yes No

4. Current Status of the Child's Relationships

a. Does the child visit with his/her parents? Yes No

Describe visitation with each parent:

b. Have you made any observations regarding the visitation? Yes No

Explain:

c. Does the child visit with his/her siblings? Yes No

Explain:

d. If not, do you believe the child would benefit from visitation or contact with his/her siblings? Yes No

Explain:

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Child's name: _____ Case Docket Number: _____

Date: _____

5. Current Status of the Child's Special Interests/Activities

a. Does the child participate in or attend any of the following? (check all that apply.)

- Day Care School After School Program
 Counseling Sports/Arts Other (specify): _____

Explain how the child is doing in each program checked above:

b. What services do you think the child needs, if any, that he/she is not receiving?

Attach an additional sheet for anything else you might want the court to know.