



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.**

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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:

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

What are their ages and gender? _____

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- 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:

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.