

# PERIODIC REVIEW REPORT

*(to be filled out by legal guardian/custodian and sent to the court)*

Docket Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name, child's Mother: \_\_\_\_\_ Name, child's father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Custodian / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Initial Custody Date: \_\_\_\_\_

## I. Living Arrangements

With whom is the child currently living? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Since (date): \_\_\_\_\_

Who else lives in the home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What financial support or benefits are you receiving on behalf of the child?

RUFA

Social security

Child support

SSI

Medicaid

Other: \_\_\_\_\_

Will the child continue to live with you until he/she is 18 years old? If so, have you considered adoption or permanent guardianship? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the child will be leaving your home, what is the plan?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Family Connections**

Is there an ongoing relationship between the child and his or her biological parents? With the child's siblings? If so, what kind of contact do they have?

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Is there an ongoing relationship between the child and relatives? If so, who are they and how often do they have contact?

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Has there been a requirement that visits be supervised in the past, and have those visits been supervised?

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**III. Healthcare**

What medical visits has the child had since the last review?

**Last dental exam:** *Dentist:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Last physical exam:** *Physician:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Are immunizations up to date?                      *Yes*                      *No*

Does this child have on-going or unmet medical needs? If so, how are they being addressed?

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**IV. Education**

What day care / pre-school / school does the child attend? \_\_\_\_\_

Grade: \_\_\_\_\_ Please attach a copy of the child's most recent report card.

How is the child doing in school?

Academically: \_\_\_\_\_  
\_\_\_\_\_

Socially: \_\_\_\_\_  
\_\_\_\_\_

**V. Key People**

Who are the key people in this child's life?

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**VI. Other Issues/Developments**

Are the concerns identified for the child at the time of the last review still an issue to be addressed?

\_\_\_\_\_  
\_\_\_\_\_

Have any new issues been identified requiring treatment or services?

\_\_\_\_\_  
\_\_\_\_\_

Are there any services the child needs that are unavailable to you?

\_\_\_\_\_  
\_\_\_\_\_

Would you like help in getting services for this child?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions for the court? Are there any matters that need to be addressed at the court hearing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm of my own knowledge that the facts and financial information I am stating are true and correct and that I am not omitting any information requested on this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date