



## 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" ratings.

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.

1 – Never

Comments:

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 30 days.

1 – Never

Comments:

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.

1 – Never

Comments:

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**    Comments:
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don’t Know**

5. Provided basic information about the child upon placement.

- 1 – Never**    Comments:
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don’t Know**

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**    Comments:
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don’t Know**

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

- 1 – Never**    Comments:
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don’t Know**

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**    Comments:
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don’t Know**

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

- 1 – Never                                      Comments:  
 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.

- 1 – Never                                      Comments:  
 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.

- 1 – Never                                      Comments:  
 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.

- 1 – Never                                      Comments:  
 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.

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

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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.

**1 – Never**                      Comments:

**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.

**1 – Never**                      Comments:

**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.

**1 – Never**                      Comments:

**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.

**1 – Never**                      Comments:

**2 – Sometimes**

**3 – Consistently/Always**

**N/A – Not Applicable**

**Don't Know**

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

**1 – Never**                      Comments:

**2 – Sometimes**

**3 – Consistently/Always**

**N/A – Not Applicable**

**Don't Know**

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Thank you for your participation and feedback.

\_\_\_\_\_  
Foster Parent Name, Licensing Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Name, Licensing Agency

\_\_\_\_\_  
Date