



FOSTER & ADOPTIVE CARE COALITION
 FOR EVERY CHILD... A PLACE TO CALL HOME

30 Days to Family™ Relative/Kin Contact Log

Child's Name	DOB	Client ID#

SIBLING CONTACTS

Sibling's DOB: Caregiver:	Mother's Name: Father's Name:
Date of Initial Contact: Contact Person:	Type of Contact: If attempted contact, describe efforts:
Sibling Visitation Plan:	

MATERNAL FAMILY CONTACTS

Relationship to Child: Maternal Relationship to Parent:	Date of Initial Contact: Type of Contact: If attempted contact, describe efforts: Desired Involvement: <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:
Other Individuals Residing in Home: Employment: Employment Hours:	Approved Involvement:
Identified Needs/Barriers: Follow-Up Needed:	Home & Background Screenings: <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed: Concerns:
Other Additional Details:	

PATERNAL FAMILY CONTACTS

Relationship to Child: Paternal Relationship to Parent:	Date of Initial Contact: Type of Contact:
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	<p>If attempted contact, describe efforts:</p> <p>Desired Involvement: <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:</p>
<p>Other Individuals Residing in Home:</p> <p>Employment: Employment Hours:</p>	<p>Approved Involvement:</p>
<p>Identified Needs/Barriers:</p> <p>Follow-Up Needed:</p>	<p>Home & Background Screenings: <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed: Concerns:</p>
<p>Other Additional Details:</p>	

KIN CONTACTS

<p>Kin:</p>	<p>Date of Initial Contact: Type of Contact: If attempted contact, describe efforts:</p> <p>Desired Involvement: <input type="checkbox"/> None <input type="checkbox"/> Assist w/Family Info <input type="checkbox"/> Phone/Email Contact <input type="checkbox"/> Visits <input type="checkbox"/> Respite <input type="checkbox"/> Placement <input type="checkbox"/> Back-up Placement <input type="checkbox"/> Other:</p>
<p>Other Individuals Residing in Home:</p> <p>Employment: Employment Hours:</p>	<p>Approved Involvement:</p>
<p>Identified Needs/Barriers:</p> <p>Follow-Up Needed:</p>	<p>Home & Background Screenings: <input type="checkbox"/> CA/N: Requested Received Concerns: <input type="checkbox"/> Criminal: Requested Received Concerns: <input type="checkbox"/> Case.net: Completed Concerns: <input type="checkbox"/> Sex Offender Registry: MO: Completed US: Completed Concerns: <input type="checkbox"/> Home Walkthrough CS-45 Completed:</p>

	Concerns:
<u>Other Additional Details:</u>	