

# family and significant people finding form

Please record a detailed list of the youth's family members and other significant people in the youth's life. Please indicate the source(s) from which the name was generated, and use this form to record any contact and engagement.

FORM C  
LIFELONG  
FAMILIES

Name	Located?	Contacted?	Engaged?
<p>I _____ <i>Name</i></p> <p>Select category that <i>best</i> describes the adult's relationship with the child (circle):</p> <p>Birth parent</p> <p>Foster parent</p> <p>Birth family member or relative</p> <p>Foster family member or relative</p> <p>Adoptive or pre-adoptive parent</p> <p>Other sibling</p> <p>Friend of family member/former foster parent/caregiver</p> <p>State social worker/legal custodian</p> <p>State agency supervisor/legal custodian</p> <p>Other significant adult (specify: _____)</p> <p>Therapist</p> <p>Attorney</p> <p>GAL/CASA</p> <p>Educational representative/school staff</p> <p>Residential or group home staff</p> <p>Other professional (e.g., daily life skills, state supervisor, case manager)</p> <p>Indicate source of name:</p> <p><input type="radio"/> Child report</p> <p><input type="radio"/> Birth parent or family member report</p> <p><input type="radio"/> CW case record</p> <p><input type="radio"/> National online database</p> <p><input type="radio"/> Public records</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Caregiver/foster parent</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate contact info below:</p>	<p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p> <p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p> <p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, please complete below:</p> <p><input type="radio"/> Unresponsive</p> <p><input type="radio"/> Whereabouts unknown</p> <p><input type="radio"/> State forbids contact</p> <p><input type="radio"/> Youth forbids contact</p> <p><input type="radio"/> Unwilling to meet</p> <p><input type="radio"/> Deceased</p> <p><input type="radio"/> Lost to follow up</p> <p><input type="radio"/> Other</p>

Name	Located?	Contacted?	Engaged?
<p>2 _____ <i>Name</i></p> <p>Relationship with the child (circle):</p> <p>Birth parent</p> <p>Foster parent</p> <p>Birth family member or relative</p> <p>Foster family member or relative</p> <p>Adoptive or pre-adoptive parent</p> <p>Other sibling</p> <p>Friend of family member/former foster parent/ caregiver</p> <p>State social worker/legal custodian</p> <p>State agency supervisor/legal custodian</p> <p>Other significant adult (specify: _____)</p> <p>Therapist</p> <p>Attorney</p> <p>GAL/CASA</p> <p>Educational representative/school staff</p> <p>Residential or group home staff</p> <p>Other professional (e.g., daily life skills, state supervisor, case manager)</p> <p>Indicate source of name:</p> <p><input type="radio"/> Child report</p> <p><input type="radio"/> Birth parent or family member report</p> <p><input type="radio"/> CW case record</p> <p><input type="radio"/> National online database</p> <p><input type="radio"/> Public records</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Caregiver/foster parent</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate contact info below:</p>	<p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p> <p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p> <p>List dates and methods of contact:</p> <p><input type="radio"/> Call</p> <p><input type="radio"/> Sent letter</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Visit</p> <p>Date: _____</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, please complete below:</p> <p><input type="radio"/> Unresponsive</p> <p><input type="radio"/> Whereabouts unknown</p> <p><input type="radio"/> State forbids contact</p> <p><input type="radio"/> Youth forbids contact</p> <p><input type="radio"/> Unwilling to meet</p> <p><input type="radio"/> Deceased</p> <p><input type="radio"/> Lost to follow up</p> <p><input type="radio"/> Other</p>