

Caseworker Interview

FCAPID: _____

Date Completed: _____

Respondent name: _____

DFCS Office: _____

Elapsed Time: _____ Hrs/Mins.

☐ Reunification ☐ Standard Assessment

If the referring worker is unfamiliar with FCAP, provide a brief summary about the purpose of the program, your role and your activities in assessment. Mention post-assessment services, including collaborative planning to meet identified needs and 6 months of follow-up assistance. Inform caseworker of Review Team date and time, as well as purpose of Review Team.

About how long have you known (child's name)? _____ years _____ months

About how well do you know him/her? _____

| | |
|---------------------|--------------------|
| 1 – Not well | 4 – Very Well |
| 2 – Slightly | 5 – Extremely Well |
| 3 – Moderately Well | 9 - Missing |

The case referral form provided a brief explanation of why this child was referred to FCAP.
Can you provide any additional information about the reason for referral?

To help us determine this child's current medical needs, are you aware if the child has received any of the following diagnoses? (check all that apply – even if these diagnoses are not confirmed)

- ☐ Head injury requiring hospitalization
- ☐ Seizures
- ☐ Deafness
- ☐ Surgery
- ☐ Hospitalizations
- ☐ Other _____

I. Overall strengths, functioning and other key issues

1. What are the most important things I need to know about this child based on your experience?

[Probe: strengths, unique characteristics, challenges, barriers to permanency]

2. To the best of your knowledge, does this child have any of the following problems? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> attention deficit/hyperactivity | <input type="checkbox"/> physical disability, orthopedic/neurological problem |
| <input type="checkbox"/> behavioral/emotional problems | <input type="checkbox"/> problems likely due to maternal alcohol use |
| <input type="checkbox"/> learning problems | <input type="checkbox"/> medically fragile or other health problems |
| <input type="checkbox"/> speech or language problems | <input type="checkbox"/> sensory problem (e.g., hearing, vision problems) |
| <input type="checkbox"/> autism | <input type="checkbox"/> mental retardation/developmental delay |
| <input type="checkbox"/> enuresis/encopresis | <input type="checkbox"/> other _____ |
| | <input type="checkbox"/> none (child does not have any of these problems) |

3. What types of services have been provided to the child, biological parents and other key individuals?

[what has been tried and effective or ineffective for each client, why did placements fail]

Child

Biological parents

Others (specify, e.g. siblings, other relatives, foster parents)

II. Permanent plan

1. What are the primary and secondary permanent plans for this child?

- 1a. Primary:
- ☐ Reunification
 - ☐ Adoption
 - ☐ Guardianship
 - ☐ Long-Term FC
 - ☐ 3rd Party Custody
 - ☐ Independent Living

- 1b. Secondary:
- ☐ Reunification
 - ☐ Adoption
 - ☐ Guardianship
 - ☐ Long-Term FC
 - ☐ 3rd Party Custody
 - ☐ Independent Living
 - ☐ None/NA

2. What is the current status of these plans and related legal issues impacting this child's permanent plan? (elicit information about steps that need to be taken to finalize permanency, barriers as perceived by worker)

2a. What do you think the child wants in terms of a permanent situation?

2b. Do you think the present caregiver might be willing to accept this child permanently?

- ☐ No (1)
- ☐ Yes (2)
- ☐ DK (3)

If No, what are the reasons? If Yes, which plans might be acceptable to this caregiver? (check all that apply)

- ☐ Adoption
- ☐ Guardianship
- ☐ Long-Term FC

3. What do you think is in the best interests of the child?

4. What qualities/characteristics of a family would be best for this child?

5. What should be done about continuing relationships between this child and his/her biological family members? [Parents, siblings, grandparents, other relatives]

a) Maintaining present relationships with biological family members

b) Development of future relationships with biological family members

6. Is there anyone who you think should be part of this child's permanent plan/potential placement resources? [significant adult connection, type of support, placement--include names/telephone numbers/addresses]

a) Other adults for permanent plan

b) Potential placement

III. Culture, religion, and ethnicity/race

1. How do you think this child identifies as far as culture, religion, and ethnicity/race?

2. Do you believe that this child's racial, cultural, and religious traditions are able to be attended to in their current placement? If not, what do you think could improve?

IV. Other issues

1. Is there anything else you would like to discuss about this child?
[follow-up on questions skipped; other service providers; adult/placement resources]

2. Who else should we talk to about [child's name]?