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|  | | **New Jersey Judiciary**  **Resource Family Information Form** | | | | | | | | | | | | | |
| This form may be faxed to  or mailed to | | | | | | | | | | | | | | | |
| **To the resource family member/foster parent of the child:** | | | | | | | | | | | | | | | |
| **Completing this form can be helpful to the judge. This is a confidential document, but the information on this form will be shared with the parties (DCP&P, the parents through their attorney and the child through his/her law guardian). It will not be shared with anyone else.** | | | | | | | | | | | | | | | |
| **Please print clearly in ink and submit the form, to the address provided, at least  7 days prior to the scheduled court hearing.** | | | | | | | | | | | | | | | |
| **Docket Number** | | | | |  | | | | |  | | | | | |
| **1.** | Child’s name: | | |  | | | | | | | | | Child’s age: |  | |
|  | Child’s date of birth: | | | | | |  | |  | | | | | | |
| **2.** | The child has been living in my home for       years and       months. | | | | | | | | | | | | | | |
| **3.** | How often do you have contact with the Division Worker? | | | | | | | | | | |  | | |  |
|  |  | | | | |  | | | | | | | | | |
|  | Resource Parent’s Initials | | | | | | |  | | | | | | | |
|  |  | | | | |  | | | | |  | | | | |
|  | Date | |  | | | | | | | |  | | | | |
| **\*If you are caring for more than one sibling in this case, please complete a separate form for each child.** | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide the following information to the court: | | | | | | | | | | | | | | | | | | | |
| **1.** | **Current Status of Child’s Medical, Dental, Physical, and Emotional Health** | | | | | | | | | | | | | | | | | | |
|  | **a.** | How is the child’s overall health? | | | | | | | | | | | | | |  | | | |
|  |  | Very Good | Good | | Fair | | | | | Poor | | | | | | Very Poor | | | |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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| **2.** | **Current Status of Child’s Education** | | | | | | | | | | | | | | | | | | |
|  | What is the child’s current grade in school? | | | | | |  | | | | |  | | | | | | | |
|  | **a.** | How is the child’s progress/grades in school? | | | | | | | | | | | | | |  | | | |
|  |  | Very Good | Good | | Fair | | | | | Poor | | | | | | Very Poor | | | |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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|  | **b.** | The child  is /  is not a special education student. | | | | | | | | | | | | | | | | | |
|  | **c.** | The child  is /  is not receiving special accommodations at school. | | | | | | | | | | | | | | | | | |
|  | **d** | Are there any concerns/issues regarding attendance at school? | | | | | | | | | | | | Yes | | | | No | |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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|  | **e.** | How is the child’s overall behavior in school? | | | | | | | | | | | | | | | | | |
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|  |  |  | | | | | | | | | | | | | | | | | |
| **3.** | **Current Status of Child’s Adjustment to the Living Arrangement** | | | | | | | | | | | | | | | | | | |
|  | **a.** | How is the child adjusting in your home? | | | | | | | | | | | | | | | | | |
|  |  | Very Good | Good | | Fair | | | | Poor | | | | | Very Poor | | | | | |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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|  | **b.** | How many other children are in the home? | | | | | |  | | |  | | | | | | | | |
|  |  | What are their ages and gender? | |  | | | | | | | | | | | | | | | |
|  | **c.** | How does the child get along with other family members? | | | | | | | | | | | | | | | | | |
|  |  | Very Good | Good | | Fair | | | | Poor | | | | | Very Poor | | | | | |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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|  | **d.** | How is the child’s overall behavior while at your home? | | | | | | | | | | | | | | | | | |
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|  | **e.** | Has the child received emergency behavioral services? | | | | | | | | | | | | | Yes | | | | No |
| **4.** | **Current Status of the Child’s Relationships** | | | | | | | | | | | | | | | | | | |
|  | **a.** | Does the child visit with his/her parents? | | | | | | | | | | | | | Yes | | | | No |
|  |  | Describe visitation with each parent: | | | | | | | | | | | | | | | | | |
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|  | **b.** | Have you made any observations regarding the visitation? | | | | | | | | | | | | | | | Yes | | No |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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|  | **c.** | Does the child visit with his/her siblings? | | | | | | | | | | | | | | | Yes | | No |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
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|  | **d.** | If not, do you believe the child would benefit from visitation or contact with his/her siblings? | | | | | | | | | | | | | | | Yes | | No |
|  |  | Explain: | | | | | | | | | | | | | | | | | |
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| **5.** | **Current Status of the Child’s Special Interests/Activities** | | | | | | | | | | | | | | | | | | |
|  | **a.** | Does the child participate in or attend any of the following? (check all that apply.) | | | | | | | | | | | | | | | | | |
|  |  | Day Care | School | | | After School Program | | | | | | | | | | | | | |
|  |  | Counseling | Sports/Arts | | | Other (specify): | | | | | | |  | | | | | | |
|  |  | Explain how the child is doing in each program checked above: | | | | | | | | | | | | | | | | | |
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|  | **b.** | What services do you think the child needs, if any, that he/she is not receiving? | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
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**Attach an additional sheet for anything else you might want the court to know.**