

CHILD DEMOGRAPHICS

(FILL OUT ONE FORM PER CHILD)

Date: _____ Case #: _____

Child Name: _____ DOB: _____ Gender: M F

Attorney: _____ Caseworker: _____

Federally Recognized Racial Categories:

- African American
- Asian
- Caucasian

- Mixed Race
- Native American/Alaska Native
- Native Hawaiian/Other Pacific Islander

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

1st Language _____

2nd Language _____

Removed from Home: YES NO

Date Removed _____

Removed from: Parent(s) Other _____

Is current placement in Bryan County? Yes Other County _____

Placement Type

- Kinship Foster/Relative Home
- Foster Home
- Residential Facility
- Detention Center

Date of Placement _____

Placed with Siblings? ALL SOME NONE N/A

Foster/Facility Name _____

Relation to child (if Kinship/Relative) _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Allegations/Abuse Categories (check all that apply):

- Abandonment
- Custodian Unwilling/Unable to Care
- Sexual Abuse
- Physical Abuse

- Neglect
- Substance Abuse
- Parent Incarcerated
- Domestic Violence

Disabilities: _____

School / Daycare Name: _____

Teacher: _____ Grade: _____ IEP: YES NO

Other Associated Parties (counselors, therapists, doctors, etc.)

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____