

PARENT FOR EVERY CHILD PROJECT CHILD SURVEY

Child Name _____

CIN# _____

Please complete the following form for the child specified. If you have any questions, please contact Carol McCarthy at 518-474-9406.

This form should be completed and returned to Brenda Rivera at INSERT ADDRESS by INSERT DATE.

Staff Name _____

Agency _____

Phone _____

Email _____

Date form completed _____

I. General Information

Please confirm the accuracy of the data provided in Column 2. If the information is *correct*, write "true" in Column 3. If information is *incorrect*, please insert the accurate information. If you are *unable to locate* or *confirm* the specified information, please indicate "unable to determine."

	CCRS Data as of 11/01/09	True (check off) False (add correct) Unable to determine
1) Date of Birth	XXXXXXXX	
2) Sex	XXXXXXXX	
3) Ethnicity	XXXXXXXX	
4) IV-E Status	XXXXXXXX	
5) Date Freed	XXXXXXXX	
6) Number of siblings in care	XXXXXXXX	
7) Permanency planning goal	XXXXXXXX	

II. Location of Child

8) In which type of facility was the child living on November 1, 2009? (Circle type of facility)

OCFS

- a) Foster boarding Home
- b) Approved relative Home
- c) Institution (26 or more)
- d) Group residence (13 to 25)
- e) Group home (7 to 12)
- f) Agency operated boarding home (6 or less)
- g) Other or unknown type of foster care setting

OMH

- h) Non-Congregate (with a family in a home-like setting)
- i) Congregate (Any OMH congregated care setting except psychiatric hospital)
- j) Psychiatric hospital

OMRDD

- k) Non-Congregate (with a family in a home-like setting)
- l) Congregate care setting

DJJOY

- m) DJJOY operated facility

OTHER

- n) Detention facility (juvenile detention, jail, prison)
- o) Independent living (apt, college dorm, etc)
- p) With adoptive parents
- q) With relative or other adult
- r) Medical hospital
- s) Runaway (don't know where child is)
- t) Unable to determine

9) Has the child moved to a different location since November 1, 2009?

- a) No. Go to question 10.
- b) Yes. Go to question 13.

10) What was the last foster care admission date (to OMRDD, OCFS, OMH facility)? (For DJJOY children, this is the date to OCFS)

11) In what county does the child currently reside? (may not be same as county with legal authority)

12) What OCFS regional office is currently responsible for this child? (may not be same as RO's office)

13) If the child has moved since November 1, 2009 please list the following:

a) Type of current facility (see question 8)

c) Previous county location where child resides d) Current county location where child resides
(may not be the same as county with legal authority)

e) Previous OCFS regional office responsible f) Current regional office responsible
(may differ from RO's office)

III. Child Health

14) Disability: Please circle the response that most accurately reflects the child's level of disability.
(See Appendix A for description of each category).

Medical / Physical Needs	Mild	Moderate	Severe	N/A	Unable to Determine
Educational / Learning Needs	Mild	Moderate	Severe	N/A	Unable to Determine
Mental Health Needs	Mild	Moderate	Severe	N/A	Unable to Determine
Developmental Needs	Mild	Moderate	Severe	N/A	Unable to Determine

15) DSM-IV Diagnosis: Using the information available in the child's record, please enter all current diagnoses on each Axis. You may use the diagnosis or diagnosis code.

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

IV. Permanency History

16) How would you describe the child's receptiveness to adoption or permanency on November 1, 2009? (Please try to answer this question to the best of your knowledge, regardless of whether there is a potential resource family in the child's life or not).

- a) Willing
- b) Refuses
- c) Indifferent
- d) Unable to determine

17) Is there a potential resource parent currently involved in the child's life?

- a) Yes (go to question 18)
- b) No (go to question 20)

18) If there has been recent activity toward permanency in the last year, what is the status of the permanency arrangement?

- a) Adoption in progress
- b) Adoption
- c) Legal guardianship in progress
- d) Legal guardianship
- e) Committed contract in progress
- f) Committed contract
- g) Other committed connection with at least one adult in progress
- h) Other committed connection

19) If the child has been adopted or is in the process of being adopted, please identify and date any of the following milestones that may have taken place:

- a) Intent to adopt contract. Date: _____
- b) Adoption placement agreement. Date: _____
- c) Placement in pre-adoptive home. Date: _____
- d) Finalized adoption. Date: _____

Child is: (circle one)

Placed with family

Remains in facility

Other.

20) Before November 1, 2009, were there prior adoption disruptions in the child's care? An adoption disruption is a situation in which there an adoption had been in process and it was cancelled prior to being finalized.

- a) Yes.
Number: _____ Year (s): _____
- b) No
- c) Unable to determine

21) Before November 1, 2009, were there any prior adoption dissolutions? An adoption dissolution refers to cases in which a child was placed back into care after they had been adopted by a family.

- a) Yes.
Number: _____ Year (s): _____
- b) No
- c) Unable to determine