CLOSING SUMMARY INTERNAL SURVEY

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Type: [ ] Prevention [ ] Permanency

What is client’s familial relationship to child(ren) at issue?

[ ] Mother [ ] Father [ ] Grandparent [ ] Aunt/Uncle [ ] Sibling

Other relative (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-relative (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was client’s legal relationship to the child(ren) at issue at case opening?

[ ] Parent w/out legal custody [ ] Custodial Parent [ ] Parent w/out legal rights

[ ]  Adoptive Parent/ Guardian [ ] Licensed Foster Parent (relative or non)

[ ] Non-licensed Foster Parent [ ] Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was client’s legal relationship to the child(ren) at issue at case closing?

[ ] Parent w/out legal custody [ ] Custodial Parent [ ] Parent w/out legal rights

[ ]  Adoptive Parent/ Guardian [ ] Licensed Foster Parent (relative or non)

[ ] Non-licensed Foster Parent [ ] Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was/Were the child(ren) living with client at case opening? [ ] Yes [ ] No

If no, who was child(ren) living with at case opening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is/Are the child(ren) living with client at case closing? [ ] Yes [ ] No

If no, who was child(ren) living with at case closing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did child(ren) change placements during program representation? [ ] Yes [ ] No

If yes, was the move the intention of program’s advocacy? [ ] Yes [ ] No

What was the legal status of child(ren) at case opening? (check all that apply)

[ ] With Parent [ ] Adopted [ ] Guardianship [ ] Temp Court Ward (P has rights)

[ ] MCI or Perm Court Ward (P does not have rights) [ ] Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the legal status of the child at case closing? (check all that apply)

[ ] With Parent [ ] Adopted [ ] Guardianship [ ] Temp Court Ward (P has rights)

[ ] MCI or Perm Court Ward (P does not have rights) [ ] Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What legal barriers was client facing or needed help resolving? (check all that apply)

[ ] Divorce [ ] Paternity [ ] Revocation of paternity motion/action

[ ] PPO [ ] Landlord/Tenant [ ]  Guardianship [ ] Custody

[ ] Parenting time [ ] Children/education [ ] Domestic violence [ ] Public Benefits/SER

[ ] Immigration [ ] Warrants- child support [ ] Warrants-Criminal (non-traffic)

[ ] Warrants-Traffic [ ]  Interstate compact [ ] Driver license restoration

[ ] Other(explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were the legal objectives met by case closing? [ ]  Yes [ ] No

Mixed (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For **prevention** cases, was a petition filed during program representation? [ ]  Yes [ ] No [ ]  DK

If yes, when?\_\_\_/\_\_\_\_/\_\_\_\_ what happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prevention cases**, did CPS close its investigation/case during program representation?

[ ]  Yes [ ] No [ ]  DK If yes, when? \_\_\_/\_\_\_\_/\_\_\_\_

If yes, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanency cases**, did court close its case during program representation? [ ] Yes [ ]  No

If yes, when \_\_\_\_/\_\_\_\_/\_\_\_ What was the case outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were social work needs identified? [ ]  Yes [ ] No

If yes, what social referrals/resources were offered?

[ ] Assistance securing needed documents [ ] Educational advocacy Education program referrals

[ ] Medical services referrals Safety planning [ ] Referrals for cash assistance/donations

[ ] Transportation Referrals to employment services

[ ] Referrals to parenting classes [ ] Referrals to counseling

[ ] Mental health evaluation referrals [ ] Public Benefit advocacy

[ ] Budgeting training/assistance [ ] Furniture referrals

[ ] Assistance resources DHS and POS advocacy with workers

[ ] Home evaluations [ ] Recreational/Summer programming referrals

[ ] Needs assessments [ ] Other (explain)

Did the social worker provide assistance/emotional support to client? [ ] Yes [ ]  No