



CASA OF WEST CENTRAL ILLINOIS
Case Information

Case Name _____
 # of Children _____

Caseworker _____
 CASA Supervisor _____

Next Hearing Dates/Notes

Professionals Appointed

Mother's Attorney _____
 Father's Attorney _____
 Alleged Father's
 Attorney _____

Child's Attorney _____
 Guardian's Attorney _____
 Other _____

Placement (*Indicate relationship to child if not foster*)

<input type="checkbox"/> Foster <input type="checkbox"/> Relative _____ <input type="checkbox"/> Parent(s) _____	<u>Name/Address/Phone/Email</u>
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Visitation - Next date/time or Schedule (include location)

Parents/Relatives – Contact Information

Collect at least **phone # and email** for each parent or key family member who may be a resource. If multiple fathers, indicate of which child. Be respectful of their privacy when filling in the information.

<u>Mother</u>	Phone #: Email: Address:	<u>Father</u>	Phone #: Email: Address:
<u>Father</u>	Phone #: Email: Address:	<u>Father</u>	Phone #: Email: Address:

<u>Relative</u> Name & Relationship to Child:	Phone #: Email: Address:	<u>Relative</u> Name & Relationship to Child:	Phone #: Email: Address:
<u>Relative</u> Name & Relationship to Child:	Phone #: Email: Address:	<u>Relative</u> Name & Relationship to Child:	Phone #: Email: Address:

Child(ren) Demographics

Child Name	Language	2 nd Language	Race	Ethnic Origin	Race Mix

Child’s Cultural, Medical or Special Needs (include which child and be as specific as possible)

Does the child observe any specific religion? _____

Are there any religious practices, such as food restrictions, that are important to the child?

Does the child have any special medical needs, and if so, are there specific concerns?

Is the parent or child an enrolled member or eligible for enrollment in a Native American Tribe? If so, provide as much detail as possible. _____
