Syndicate Subscription Legal Plans

FOSTER PARENT RIGHTS CLIENT INTAKE QUESTIONNAIRE:

RECEIVED A NOTICE TO REMOVE A CHILD, A LICENSING ACTION, OR A GRIEVANCE DECISION? Deadlines to object or appeal are often very short (sometimes just days). Contact us immediately.

CONFIDENTIAL. This questionnaire is for foster parents, resource families, and relative or kinship caregivers who need help understanding or enforcing their rights. Juvenile court and child welfare records are confidential by law. To protect the children in your care, please use the child's FIRST NAME or INITIALS only, and do not attach juvenile court records until we advise you how to share them. If a question does not apply, write "N/A."

NAME OF THE CLIENT(s) / CAREGIVER(s):

[__] Caregiver 1: _____

[__] Caregiver 2 (if applicable): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — YOUR CAREGIVER STATUS

1.1 You are a:

[__] Licensed foster parent
[__] Approved resource family
[__] Relative / kinship caregiver
[__] Non-relative extended family member
[__] Certified through a foster family agency
[__] Pre-adoptive parent
[__] Legal guardian
[__] Other

1.2 Approving / supervising agency: _____ Approval date: _____

1.3 Your social worker / agency contact: _____ Phone: _____

1.4 Number of children in your home (foster, adopted, biological): _____

1.5 How long have you been a foster / resource parent? _____

PART 2 — HOW CAN WE HELP?

2.1 Check all that apply:

[__] Removal / placement change notice
[__] Allegation / investigation
[__] Approval denied / suspended / revoked
[__] Rate / reimbursement dispute
[__] Adopt / become guardian
[__] De facto parent status
[__] Not notified of court hearings
[__] Denied child's records / information
[__] Excluded from team meetings
[__] Medical / school decision authority

[__] Visitation planning
[__] Retaliation for raising concerns
[__] Understanding my rights
[__] Denied training / support / respite
[__] Travel / activity approval
[__] Not sure — need advice

2.2 Upcoming deadline or hearing date: _____

2.3 In your own words, what is happening? _____

_____

_____

_____

PART 3 — CHILDREN IN YOUR CARE

Use first names or initials only.

First Name / Initials	Age	Date Placed	County of Case	Special Needs?	Siblings Placed Elsewhere?

3.1 Current case plan (if known):

[__] Reunification with parents
[__] Legal guardianship
[__] Long-term foster care
[__] Adoption
[__] Placement with a relative
[__] Not sure

3.2 Child's lawyer (minor's counsel): _____ CASA volunteer: _____

3.3 Child's social worker: _____ Phone: _____

PART 4 — REMOVAL OR PLACEMENT CHANGE

4.1 Date you received notice: _____ Planned removal date: _____

4.2 How were you notified?

[__] Written notice [__] Verbal only [__] Emergency removal

4.3 Reason given: _____

_____

4.4 Have you requested a grievance review or objected in writing? [__] Yes [__] No

If yes — date and result: _____

4.5 How long has the child lived with you? _____

4.6 Describe the child's bond with your family and any concerns about the move: _____

_____

_____

PART 5 — ALLEGATIONS, INVESTIGATIONS & LICENSING

Describe the allegation only in general terms. We will discuss details privately.

5.1 General nature of the allegation or concern: _____

5.2 Investigating agency: _____ Date began: _____

5.3 Status:

[__] Under investigation [__] Unfounded / inconclusive

[__] Substantiated [__] Licensing / approval action pending

[__] Appeal pending

5.4 Have you received a written decision or notice of action? [__] Yes [__] No

If yes — date and appeal deadline: _____

5.5 Is there a related police investigation? [__] Yes [__] No

If so, please also complete our Criminal Law Advisory Intake Form before giving any statements.

PART 6 — REIMBURSEMENT & FINANCIAL SUPPORT

6.1 Monthly rate received: $ _____ Special care increment: $ _____

6.2 Unpaid reimbursements (clothing, child care, mileage, etc.)? [__] Yes [__] No

If yes, explain: _____

_____

6.3 Has a rate increase or special care request been denied? [__] Yes [__] No

If yes, explain: _____

_____

PART 7 — COURT & TEAM PARTICIPATION

7.1 Do you receive notice of the child's court hearings? [__] Yes [__] No

7.2 Have you submitted written information to the court about the child? [__] Yes [__] No

Caregivers generally may give the court written information about the child. A caregiver who has assumed a parent's role over time may ask the court for "de facto parent" status to participate more fully.

7.3 Would you like to request de facto parent status? [__] Yes [__] No

7.4 Are you included in child and family team meetings? [__] Yes [__] No

7.5 Denied the child's medical, school, or background info? [__] Yes [__] No

If yes, explain: _____

_____

7.6 Prevented from talking with the child's doctors or teachers? [__] Yes [__] No

If yes, explain: _____

_____

PART 8 — ADOPTION & PERMANENCY

8.1 Would you like to adopt or become a child's legal guardian? [__] Yes [__] No

8.2 Has the agency told you whether you will receive priority consideration? [__] Yes [__] No

If yes, explain: _____

_____

8.3 Is another family being considered for permanent placement? [__] Yes [__] No

If yes, explain: _____

_____

For adoption, please also complete our Adoption Intake Form.

PART 9 — GOALS & DOCUMENTS

9.1 What outcome do you want?

[__] Child remains in my home

[__] Clear my name / record

[__] Receive owed reimbursements

[__] Adopt / become guardian

[__] Fair grievance / appeal process

[__] Keep or restore approval

[__] Be notified and heard in court

[__] Better support & communication

Please provide copies of the following that belong to you (not juvenile court records). Check each item you are including.

[__] Notices of removal / placement change

[__] Licensing / approval letters

[__] Reimbursement statements

[__] Training certificates

[__] Grievance requests & decisions

[__] Notices of action / appeal forms

[__] Your emails & letters with the agency

[__] Your notes / log of events

Syndicate Subscription Legal Plans

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my/our foster parent rights matter.

Signed and dated this ____ day of _____, 20___

Signature (Caregiver 1): _____

Print Name: _____

Signature (Caregiver 2): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.