



KARING 4 KIDS FOSTER FAMILY AGENCY

Hanford Lic# 167 207 187

Fresno Lic# 107 207 200

****Official****

Monthly Assessment

K4K Social Worker: _____

Month/Year: _____

Child's Name: _____ Age: _____

Current Foster Home: _____

SAFETY (age-appropriate):

1. Are there any incident(s) you want to report this month? ____ Yes ____ No
If yes explain, _____

2. What type of discipline does your foster parent use?

3. Do you have any concerns at home?

4. Who lives in the home? Any changes?

Are there any other adults that stay overnight? __ Yes __ No. If yes who and how often:

5. Who takes care of you when your foster parents are not available?

6. Do you feel safe in your current placement (age-appropriate)? __ Yes __ No
If no, explain:

PERMANENCY (age-appropriate):

1. What is the current case plan? ____ Reunification ____ Guardianship ____ Adoption
____ Long term ____ Termination of parental rights ____ Liberal visitation
____ Supervised visitation ____ Unsupervised visitation
____ Other: _____

2.

What services are currently being accessed? (Check all that apply):

____ ILP ____ Mental Health ____ Medical/Dental

____ Educational Other (Please specify): _____

3. Are you aware of and involved in your case plan (age-appropriate)? __ Yes __ No
____ Quarterly Report ____ Needs & Services Plan ____ IEP ____ ILP ____ Other

If no, explain: _____