

CASA/GAL MONTHLY UPDATE

DUE THE 5TH OF EVERY MONTH

Email to your Attorney or Case Manager

Fax: 614.525.5070



CASE NAME:

TODAY'S DATE:

REPORT MONTH/YEAR:

NEXT COURT DATE:

STAFF ATTORNEY/CM:

CASA/GAL NAME:

CPS Caseworker Name:

CPS Caseworker Phone:

CPS Supervisor:

CPS Supervisor Phone:

VOLUNTEER ACTIVITIES FORM

(Please fill this section out for grant and funding purposes)

DATES OF ACTIVITY	TYPE OF ACTIVITY	TIME SPENT	MILES DRIVEN
	Child visit: (list the time for each visit where you saw the child below)		
	*Parent's home		
	*FP/Kinship home		
	*School/Daycare		
	*Residential Facility		
	*Observed Child/Parent Visitation		
	Contact with:		
	*Caseworker/Agency		
	*CASA Supervisor		
	*Biological Parents		
	*Foster Parent(s)/Kinship		
	*Contact with Professionals (Counselors/Medical/ Parent Mentors, etc.)		
	Appearances/Administrative:		
	*Attended Hearing(s)		
	*Attended SAR/Meeting		
	*Wrote reports		
	*Reviewed Records		
	Other:		
TOTAL TIME/MILES			

Section I – CHILD(REN) UPDATES

***Face to face visit with child/ren?**

Yes List only dates/name of child/ren:

No Date of Staff Attorney approval for missed visit: Why?

***Name of current caregiver for child/ren and relationship to the child/ren:**

***Address/phone number of current caregiver:**

***Did the child/ren's address change at all for the reporting month? (i.e., respite, hospitalization, placement change, etc.)**

Yes Date of move/child(ren) name:

No

***Are the parent/s and child/ren living together?**

Yes

No If there are scheduled visits, give dates and, if observed, give details of the visit:

***Describe the relationship between parent/s and child/ren. (If the child(ren) is/are placed out of the home and you have observed a visit, please also include the date, time and location.):**

Please record any new concerns/updates about the child(ren) this month including details regarding: (please include names of professionals contacted)

- ✓ Educational/IEP:
- ✓ Behavioral/mental health:
- ✓ Medical/dental:
- ✓ Developmental issues/concerns:
- ✓ Child(ren) wishes (obtain this 1-2 visits prior to next court date):

Additional Information:

Section II – Parent Updates

*Please list any new concerns/updates regarding the **case plan progress** of the parent(s). Please fill in as much detail as possible in the following areas that are applicable to your case and include your source of information (for example, "according to caseworker, foster parents, etc.):*

- ✓ **Housing:**
- ✓ **Employment:**
- ✓ **Substance Abuse:**
- ✓ **Domestic Violence:**
- ✓ **Parenting:**
- ✓ **Mental Health Services/Counseling:**
- ✓ **Criminal:**

Additional Information:

IF YOU EARNED INSERVICE HOURS THIS MONTH, PLEASE GIVE THE DATE, DESCRIPTION, AND HOURS REQUESTED:

VOLUNTEER SIGNATURE (Can be typed if sent electronically):

DATE:

(Please see following page if requesting mileage reimbursement)

