

Child Caregiver Resource Form

Case Name: _____

Case ID: _____

Please fill out this form to give us names and locating information for relatives or close family friends who may want to take care of your children or support them until you get them back. Try to list the people you know your child would feel happiest with. Child Protective Services (CPS) will make contact with them and ask them how they want to help. We will decide if it is safe for your child to be with them. We will also decide if they can safely be with and support your child. CPS will tell them about your case. If we think they can provide a safe place for your child, CPS will do a background and criminal history check. We will do this check within 2 business days of getting this completed form back. If the check is OK, we will assess them and their home. Most of the time, children are not placed until CPS knows how the assessment turns out. The final decision about placing your children will be made by the judge for your child(ren)'s case. If the person tells us they do not want the children placed with them but instead wants to provide support and have unsupervised visits, CPS will have to do a background and criminal history check first.

On this page, you must provide the names of the first three persons you think may be able to care for your child. On the following attachment you can list their names and locating information in the boxes provided. The first three persons can be adult relatives (including grandparents) and/or close family friends.

On the second attachment, you must also list the names and locating information for **ALL THE GRANDPARENTS, GREAT GRANDPARENTS, AND ANY ADULT AUNTS, UNCLES, SIBLINGS OR NIECES/NEPHEWS** for each of the children removed. This includes relatives for BOTH the mother and the father. You may also list contact information for any other relatives or close family friends. You can send this form to CPS:

In person at: _____

By e-mail at: _____

@dfps.state.tx.us

By fax: _____

The selection of a placement (and other legal issues) may be impacted if the Indian Child Welfare Act applies. Please indicate whether you, another parent or any of your child(ren) is of American Indian or Alaskan Native descent/heritage.

I have no information that this child(ren) has any American Indian or Alaskan Native descent/heritage.

I believe this child(ren) may of be American Indian or Alaskan Native descent/heritage. The person with tribal affiliation is _____

and the tribe is _____.

Your signature below indicates that you were provided the opportunity to list possible caregivers for you child(ren).

SIGNATURE OF PARENT OR GUARDIAN

DATE

CASEWORKER NAME

PHONE NUMBER

Here are the names of three relatives or close family friends who may be able to care for my child(ren). I will provide their contact information on the following page(s).

1. _____

2. _____

3. _____

Information provided in this form is in response to the following Legal Requirements:

State: Designation of relatives or close family friends to care for the child
Texas Family Code: Chapter 261.307(a)(2)

Federal: Department's efforts to obtain information about maternal and paternal relatives and other adult relatives
Public Law (P.L.) 110-351 (Sec. 103)

Date Information Received by CPS: _____

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Caregiver Contact Information--Attachment 1

Please list contact information for the three people listed on the first page of this form, who you wish to designate as possible caregivers for your child.

1. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

2. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

3. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

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Other Contact Information--Attachment 2

Please list all of the child's grandparents, great grandparents and adult aunts, uncles, siblings, nieces and nephews. In addition, please list any other relatives of close family friends who may be able to help while your child is in care.

1. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

2. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

3. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

4. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		