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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **Initial Guardianship Transfer Summary** |  | |
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| Case Opening (LS1) Date: | |
| Name of Child(ren) and DCN(s): | | | |
| Name(s) of Guardian(s) and DVN: | | | |
| 1. What brought the child into care? Were there preponderance-of-evidence findings of abuse/neglect that occurred? (Do not include any identifying information regarding the birth parents/relatives if TPR has occurred). | | | |
| 2. When was the case goal changed to guardianship? | | | |
| 3. What is the relationship between the child and guardians? | | | |
| 4. If there are siblings, what is the visitation plan with siblings and where are the siblings placed? | | | |
| 5. When were home visits conducted with the child and guardianship family? (List dates from the date of case goal change through the date you are transferring the record) | | | |
| 6. Are there any open Service Authorizations that are not providing current services for the child? If so, please close and document.  Yes  No | | | |
| 7. Youth age 16 and older who obtain LG are eligible for Chafee life skills services until age 21. Would the youth like to continue to receive Chafee Services until they are 21 years of age?  Yes  No  The case manager should ensure the following have been updated in the last six months in order for a referral to be made: Adolescent FST Guide (CD94), Individualized Action Plan Goals (CD94), Life Skills Strengths/Needs Assessment Reporting Form (CD97), CLSA (within the last year). | | | |
| 8. What services (i.e. daycare) does the family plan to continue after the guardianship? Please list the providers, DVN and frequency of use. | | | |
| 9. Does the child have any medical, emotional, and/or developmental needs? (Please list the current service providers) | | | |
| 10. Did the biological parents have a psychological evaluation? If so, please include a summary of their evaluation in this section including any diagnosis made and information about their behaviors that might be important for the future care of the child. If not, please document the reason (i.e. “The biological mother refused to complete and evaluation”, etc.).  Please document for BOTH parents, even if parent is unknown (i.e. “The biological father is unknown, therefore an evaluation was not completed”, etc.). | | | |
| 11. Describe any medical information regarding the birth parents (i.e., “Birth parents/relatives have Type 2 diabetes.”). Please document for BOTH parents, even if parent is unknown, using non-identifying information if TPR has occurred (i.e. “The biological father is unknown, therefore no medical history is available”, etc.). | | | |
| Case Manager | | | Date |
| Children’s Services Supervisor | | | Date |