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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **INCARCERATED PARENT’S CHILD STATUS REPORT** | | | |
| **To:** | | | | **Date Sent:** |
| **Re: (Child’s Name)** | | | | |
| **I. CHILD’S CURRENT STATUS:** | | | | |
| **Summary of all Medical and Dental Appointments, including Medications (in the last quarter):** | | | | |
| **Therapy Report Summary (include reason for therapy):** | |  | | |
| **II. FAMILY SUPPORT TEAM MEETING** | | | | |
| **Family Support Team Meeting Recommendations (in the last quarter):** | | | | |
| **III. COURT HEARINGS:** | | | | |
| **Type of Court Hearing (in the last quarter):** | | | **Court Hearing Date:** | |
| **Court’s Recommendations:** | | | | |
| **Date of Next Court Hearing:** | | | | |
| **Children’s Service Worker Signature:** | | | **Date:** | |
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