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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’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:**  |
|       |       |