


FamiliesFirst Network
of Lakeview

 BAPTIST HEALTH CARE

6557 Caroline Street
Milton, FL 32570
Phone (850) 983-5521
Fax (850) 626-3099

Date: _____

Name

Address

City, State, Zip

Re: _____

Dear _____,

There is a Judicial Review scheduled for _____ regarding the child(ren) listed above.

Attached please find a **Form for Provider Input**. Florida Statutes require that this form be filed with every Judicial Review report that is filed by the Department. I am in the process of writing the report for next month's court hearing.

Please take the time to complete this form and return it in the enclosed self-addressed, stamped envelope. If at all possible, please return to me no later than _____.

If you have any questions, please feel free to contact me at (850) _____.

Thank you for your assistance in this matter.

Sincerely,

Child Welfare Case Manager
FamiliesFirst Network
Santa Rosa County

FORM FOR PROVIDER INPUT

Child(ren)'s Name(s):

TO FOSTER PARENTS/CARETAKERS

Please complete this form. It is important that we have your input in casework decisions regarding children placed in your care. This form will be file in the child's case record and with the court when Judicial Review Social Studies are filed. You will be asked to complete this form:

- A: When considering returning a child to his/her family**
- B: When a Judicial Review has been scheduled**

COMMENTS:

How is the child doing in your home? _____

Do you wish to comment about the child returning to parents or relatives? _____

Other comments? _____

Print

Sign

Date