

**CHILD AT HOME**

**STATE OF MINNESOTA**

**DISTRICT COURT**

**COUNTY OF WASHINGTON**

**TENTH JUDICIAL DISTRICT**

**COMMUNITY SERVICES**

**REPORT TO COURT**

Court File #:

Date of Hearing:

Date of Report:

**In the Matter of the Child(ren) of:**

**Child(ren):**

**REASON FOR HEARING:**

**ADJUSTMENT SINCE THE LAST COURT HEARING:**

**RECOMMENDATIONS:**

I would like to recommend, if it so please the court, that:

It is further ordered that the parent(s) of said child(ren) shall complete and return the Financial Statement sent to them, within fourteen (14) days of receipt, providing all requested information and verification of same upon request, for the purpose of determining their contribution toward the cost of care of said child(ren). If it is determined that a fee is due from the parent(s) of said child(ren), the parent(s) shall sign and return the Support Agreement and shall pay their support as due, monthly, for each calendar month for which Washington County makes a payment to a provider which equals or exceeds the monthly parental fee. Parent(s) is/are responsible for any and all medical costs incurred by said child(ren) during placement or receipt of services from Washington County.

**OPEN FOR SERVICES DATES:**

- Date the case was most recently opened for services:
- Date of all other case openings for the child:
- Date of all other case openings for the child's siblings:
- Case openings for the child or the child siblings with any other social services agency, if known:

**THE BEST INTEREST OF THE CHILD(REN) ARE BEST SERVED BY THE ABOVE RECOMMENDATIONS BECAUSE:**

- Child's current functioning and behaviors:
- Medical, educational, and developmental needs of the child:
- Child's history and past experience:
- Child's religious and cultural needs:
- Child's connection with a community, school, and church:
- Child's interest and talents:
- Child's relationship to current caretakers, parents, siblings, and relatives:
- Reasonable preference of the child if the court deems the child to be of sufficient age to express preferences:

**REASONABLE EFFORTS MADE TO PREVENT OUT-OF-HOME PLACEMENT, OR REUNITE THE FAMILY OR MAINTAIN PERMANENCY, PURSUANT TO PUBLIC LAW #96-272 AND HOW THE EFFORTS ARE:**

- Relevant to the safety and protection of the child:
- Adequate to meet the needs of the child and family:
- Culturally appropriate:
- Available and accessible:
- Consistent and timely:
- Realistic under the circumstances:

**ALTERNATIVE DISPOSITIONS CONSIDERED AND WHY NOT APPROPRIATE:**

I, the undersigned, hereby certify that the content of this court report is true and correct and is based upon personal observation, first-hand knowledge, or information and belief.

\_\_\_\_\_  
[Full name]  
Child Protection Social Worker  
Washington County Community Services  
[Phone]

Date: \_\_\_\_\_

cc:

