

JACKSON COUNTY CASA
Monthly Case Update
Case Update is due on the 10th of the Month

Volunteer's Name:

Group/Family Name – *Initials Only*:

Permanency Goal:

Next Hearing Date, Time & Location:

I plan to attend: Yes No

Upcoming Meeting or Meetings: (*e.g. FST – Family Support Team meeting, I.E.P., Treatment Review, etc.*)

I plan to attend: Yes No

If no, please list which meeting(s) you need staff to cover:

Update on Child(ren)

Date(s) of most recent contact(s) with child(ren):

Type(s) of contact(s) with child(ren): (*e.g. in-person contact in placement, at school or daycare, etc.; phone call*)

Summary of contact(s):

Child(ren)'s needs being met? (*i.e. social, educational, developmental, health, emotional, safety, basic care*)

Yes No **If no, please explain.**

Other Case Activity/Contact since last update (*i.e., social worker, therapist, teacher, foster parent, care provider*)

Questions/comments for program staff:

TOTAL NUMBER OF HOURS I HAVE VOLUNTEERED THIS MONTH: (*Include time spent in phone calls, travel time, in-person contact, hearings, meetings and correspondence*)

TODAY'S DATE: