

FC MONTHLY FACE TO FACE

This tool was developed as a means to address relevant topics each month while meeting with children on your case load. There will be questions that are not appropriate based on the age of the child. This tool is also not all inclusive.

Youth's Name: _____	Name of Worker Making Visit: _____
Placement Location: _____	Meeting Location: _____
Date of Visit: _____	Start Time: _____ End Time: _____
Was the child visited with alone? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain: _____	

How have you been since our last visit?
Are there any problems, needs or concerns you want to discuss today?

BASIC

Questions	YES	NO	NA	NOTES
Do you feel safe in this placement?				
Do you have someone to talk to when you have concerns?				
Do you know who to call in an emergency? <i>Who? Do you have the # memorized?</i>				
Do you feel your needs are being met? <i>If not, what can I try do to help?</i>				
School				
How is school going?				
Do you have a favorite class or teacher?				
Discuss school grades				
Activities				
Are you involved in any new activities, clubs, groups?				
Is there any new activity you would like to participate in, but you have not been able to? <i>Why have you not been able to?</i>				
Youth Rights (age 14+)				
Do you understand your foster care youth rights? <i>DN 45</i>				
Do you know when our next CFT meeting is?				
Do you know your "plan"? <i>Reunification, Relative, Guardianship, Adoption, APPLA 16+</i>				

Do you agree with the plan/goal stated above?				
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PLACEMENT	
After reviewing (visually seeing) the child's sleeping space, it appeared:	
How are things going with your foster parents?	
How are things going with your foster family/siblings?	
Do you participate in household chores that will help teach you independent living skills?	
IRREGULAR PAYMENT NEEDS: Do you need anything? (Clothing due to growth spurt, winter/ summer season, prom, graduation cap/gown, dance camp, sport camp, sport equipment, backpack, etc.?)	

FAMILY CONTACT

Questions	YES	NO	NOTES
Are you in contact with your family?			
Is there anyone else from your family/ home community whom you would like to contact?			

How often do you communicate with your

<u>Mom</u>	
Type	Frequency
<input type="checkbox"/> Phone	1/wk 2/mo Monthly NA
<input type="checkbox"/> Face to Face	1/wk 2/mo Monthly NA
<input type="checkbox"/> Other:	_____

<u>Dad</u>	
Type	Frequency
<input type="checkbox"/> Phone	1/wk 2/mo Monthly NA
<input type="checkbox"/> Face to Face	1/wk 2/mo Monthly NA
<input type="checkbox"/> Other:	_____

<u>Siblings</u>	
Type	Frequency
<input type="checkbox"/> Phone	1/wk 2/mo Monthly NA
<input type="checkbox"/> Face to Face	1/wk 2/mo Monthly NA
<input type="checkbox"/> Other:	_____

<u>Extended Relatives</u>	
Type	Frequency
<input type="checkbox"/> Phone	1/wk 2/mo Monthly NA
<input type="checkbox"/> Face to Face	1/wk 2/mo Monthly NA
<input type="checkbox"/> Other:	_____

Visitation Needs/Requests:

HEALTH NEEDS

Questions	YES	NO	NOTES
Are your Physical Health needs met? <i>(Your eyes, ears, teeth, medical, etc.)</i>			
Are your Mental Health needs met? <i>(Psychological well-being)</i>			
Are your Emotional Health needs met? <i>(Feelings – someone to talk to, etc.)</i>			
Do you know who your doctors are?			
Do you know what medications you are taking?			
Do you know why you are taking the medications?			

****Reminder: The Onsite Case Review will assess the quantity of worker-child visits (must be 1 time per month) as well as the quality of visits (engagement, where you met, what you did (play games, go for walk, etc.)**

ADDITIONAL CASE WORKER NOTES / OBSERVATIONS:**SIGNATURES:**

Visitation Worker: _____

Case Manager Review/Approval of Visit (if needed): _____

Documentation of visit placed in client file (date): _____

Examples of Questions per Category

Well-Being:

1. How are you doing?
2. How is it for you living here?
3. How many other persons live here with you?
4. Do you share a room or have your own?
5. Where do you go when you need some time alone?
6. What are some of the rules? What happens if you break a rule? How often does this happen?
7. Where do you eat breakfast, lunch and dinner? How is the food here? What is your favorite meal served here? Least?
8. How have you been sleeping?
9. What time do you go to bed?
10. How have you been feeling?
11. Have you been sick or to the doctor in the last month? If so, what for?
12. Have you been to the dentist or eye doctor recently? Do you know when?
13. What, if any, medications do you take? Frequency? Who administers it?
14. Have any of the medications changed in the last 30 days?
15. Do you feel the medications are working?
16. What do you do for recreation or fun? (sports, music, art, video games, etc.)
17. Are there any things that you'd really like to be doing that you aren't doing now?
18. What do you do for exercise or to relieve stress?
19. Are you in any groups or individual therapy? If so, what groups do you participate in? What areas are you focusing on or addressing?
20. Give an example of a time in which you felt good about yourself in the last month? (Accomplishment, achievement, handling a stressful moment, etc.?)
21. Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? Do you feel that you have a good handle on controlling your anger?
22. How is school?
23. Do you have a favorite class? Least? Why?
24. What class do you do the best in?
25. What are your grades?
26. Are there any subjects at school, like math or reading that are hard for you? If so, do you get any kind of special help with these subjects?
27. What activities are you involved in at school?
28. Who do you look forward to seeing when you get to school?
29. Is there any art work or any other projects you have been working on that you would like to show me?
30. Is there a school employee you can reach out to if needed?
31. What do you do after school?
32. Do you participate in any cultural activities?
33. Have there been opportunities for you to participate in activities specific to your cultural heritage? What types of activities?
34. What are some things you do that nurture your spirit? (Examples: art, martial arts, meditation, religious classes, going to church, prayer groups, etc.)

Safety:

1. Are there any problems or concerns you want to discuss today?
2. If you are upset or angry about something that happens here is there anyone that you can go to? Who?
3. Have you had problems with a particular staff person or resident? If so, how have you tried to address the problem? Who could you talk to if you did have a problem or if something was really worrying you?
4. Do you feel safe here? Why or why not?

5. Who can you contact if you are not feeling safe? How can you contact them?
6. Visiting workers observations of the living environment. Is it free from hazard and is it habitable?

Permanence:

1. Who do you call family?
2. How are visits with your family?*(Explore contact with mother, father, siblings, extended family and friends by phone, letters, face to face, poly-com, email, etc.)
3. Do you maintain regular contact with your siblings?
4. What kinds of things do you do with your family on visits?
5. How often do you see them?
6. Do you speak with them on the telephone in between visits?
7. What contact do you have with other family or important people in your life?
8. How is your family helping you prepare for your future?
9. Who are your friends? What do you like to do with them? Where do you see them?
10. Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?
11. Has your case manager informed you of the goals in your family plan? What are they?
12. What goals would you like to achieve while in placement?
13. What is the plan for when you leave placement?
14. What would you like to see happen for your future?
15. What areas are you working on for Independent Living Skills? (16 and over)
 - a. Do you have a job? Or interested in obtaining a job?
 - b. Have you ever worked? What types of jobs have you held?
 - c. What types of jobs have you liked the best
 - d. What part of the job did you enjoy most?
 - e. Do you have forms of identification? Social Security card or birth certificate?
 - f. Do you feel you are able to manage your money?
 - g. Do you have a savings account?
 - h. Do you do your own laundry?
 - i. Do you cook? What do you like to cook?
 - j. Are you thinking about taking driver's education and obtaining your driver's license?
 - k. What are your educational plans after high school?
 - l. Have you contacted colleges or vocational schools?
 - m. Have you explored the ETV program as well as other financial aid programs?
 - n. Do you understand how to search for an apartment?
 - o. What type of living arrangement are you thinking about? (Example: living alone, sharing with a roommate, renting a room, etc.)
 - p. Do you understand what it takes to maintain your own apartment?

Is there any other information you would like me know?